UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION

In Re:	§	
	§	
WESTLAKE SURGICAL, L.P. D/B/A THE HOSPITAL AT WESTLAKE MEDICAL CENTER,	§	**CASE NO. 23-10747**
	§	
	§	**Chapter 11**
	§	
Debtor.	§	

GLOBAL NOTES, METHODOLOGY AND SPECIFIC DISCLOSURES REGARDING THE DEBTOR'S SCHEDULES OF ASSETS AND LIABILITIES AND STATEMENT OF FINANCIAL AFFAIRS

Introduction

Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center (the "**Debtor**") with the assistance of its advisors, has filed its Schedules of Assets and Liabilities (the "**Schedules**") and Statement of Financial Affairs (the "**Statements**," and together with the Schedules, the "**Schedules and Statements**") with the United States Bankruptcy Court for the Western District of Texas, Austin Division (the "**Bankruptcy Court**"), pursuant to section 521 of title 11 of the United States Code (the "**Bankruptcy Code**") and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the "**Bankruptcy Rules**").

These Global Notes, Methodology, and Specific Disclosures Regarding the Debtor's Schedules of Assets and Liabilities and Statement of Financial Affairs (the "**Global Notes**") pertain to, are incorporated by reference in, and comprise an integral part of the Debtor's Schedules and Statements. The Global Notes should be referred to, considered, and reviewed in connection with any review of the Schedules and Statements.

In preparing the Schedules and Statements, the Debtor relied upon information derived from its books and records that was available at the time of such preparation. Although the Debtor has made reasonable efforts to ensure the accuracy and completeness of such financial information, inadvertent errors or omissions, as well as the discovery of conflicting, revised, or subsequent information, may cause a material change to the Schedules and Statements.

The Debtor and its officers, employees, agents, attorneys, and financial advisors do not guarantee or warrant the accuracy or completeness of the data that is provided in the Schedules and Statements and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating or delivering the information contained in the Schedules and Statements. Except as expressly required by the Bankruptcy Code, the Debtor and its officers, employees, agents, attorneys and financial advisors expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided in the Schedules and Statements or to notify any third party should the information be updated, modified, revised, or re-categorized. The Debtor, on behalf of itself, its officers, employees,

agents and advisors disclaim any liability to any third party arising out of or related to the information contained in the Schedules and Statements and reserve all rights with respect thereto.

The Schedules and Statements have been signed by an authorized representative of the Debtor. In reviewing and signing the Schedules and Statements, this representative relied upon the efforts, statements and representations of the Debtor's other personnel and professionals. The representative has not (and could not have) personally verified the accuracy of each such statement and representation, including, for example, statements and representations concerning amounts owed to creditors and their addresses.

Global Notes and Overview of Methodology

1. **Basis of Presentation**. The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States ("**GAAP**"), nor are they intended to be fully reconciled with the financial statements of the Debtor or the Debtor's affiliates (whether publicly filed or otherwise). Additionally, the Schedules and Statements contain unaudited information that is subject to further review and potential adjustment.

2. **Reservation of Rights**. Reasonable efforts have been made to prepare and file complete and accurate Schedules and Statements; however, inadvertent errors or omissions may exist. The Debtor reserves all rights to amend or supplement the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate, including, without limitation, the right to amend the Schedules and Statements with respect to any claim ("**Claim**") description, designation, dispute or otherwise assert offsets or defenses to any Claim reflected in the Schedules and Statements as to amount, liability, priority, status, or classification; subsequently designate any Claim as "disputed," "contingent," or "unliquidated;" or object to the extent, validity, enforceability, priority, or avoidability of any Claim. Any failure to designate a Claim in the Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtor that such Claim or amount is not "disputed," "contingent," or "unliquidated." Listing a Claim does not constitute an admission of liability by the Debtor. Furthermore, nothing contained in the Schedules and Statements shall constitute a waiver of rights with respect to the Debtor's chapter 11 case, including, without limitation, issues involving Claims, substantive consolidation, defenses, equitable subordination, recharacterization, and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code, and any other relevant non- bankruptcy laws to recover assets or avoid transfers. Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the general reservation of rights contained in this paragraph. Notwithstanding the foregoing, the Debtor shall not be required to update the Schedules and Statements.

3. **Global Notes.** These Global Notes are in addition to any specific notes set forth in the Schedules and Statements. The fact that the Debtor has prepared aGlobal Note with respect to a particular Schedule or Statement and not as to others does not reflect and should not be interpreted as a decision by the Debtor to exclude the applicability of such Global Note to any or all of the Debtor's remaining Schedules or Statements, as appropriate. Disclosure of information in one Schedule, one Statement, or an exhibit or attachment to a Schedule or Statement, even if incorrectly placed, shall be deemed to be disclosed in the correct

Schedule, Statement, exhibit, or attachment.

4. **Description of Case and "as of" Information Date**. On September 8, 2023 (the "**Petition Date**"), the Debtor filed a Voluntary Petition for Relief under Chapter 11 of the Bankruptcy Code. The Debtor is operating its business and managing its property as a Debtor in Possession pursuant to Sections 1107(a) and 1108 of the Bankruptcy Code.

   The asset information provided in the Schedules and Statements, except as otherwise noted, represents the asset data of the Debtor as of September 8, 2023, and the liability information provided herein, except as otherwise noted, represents the liability data of the Debtor as of September 8, 2023.

5. **Net Book Value of Assets**. Except as otherwise noted, each asset and liability is shown on the basis of net book value of the asset or liability in accordance with the Debtor's accounting books and records. Therefore, unless otherwise noted, the Schedules and Statements are not based upon any estimate of the current market values of the Debtor's assets and liabilities, which may not correspond to book values. It would be cost prohibitive and unduly burdensome to obtain current market valuations of the Debtor's property interests. Additionally, because the book values of certain assets may materially differ from their fair market values, they may be listed as undetermined amounts as of the Petition Date. Furthermore, as applicable, assets that have fully depreciated or were expensed for accounting purposes may not appear in the Schedules and Statements if they have no net book value.

6. **Recharacterization**. Notwithstanding the Debtor's reasonable efforts to properly characterize, classify, categorize, or designate certain Claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statements, the Debtor may, nevertheless, have improperly characterized, classified, categorized, designated, or omitted certain items due to the complexity and size of the Debtor's and its affiliate's businesses, as well as the overlap of systems, people and processes involved in managing and accounting for the items in the Schedules and Statements. Accordingly, the Debtor reserves all of its rights to recharacterize, reclassify, recategorize, redesignate, add, or delete items reported in the Schedules and Statements at a later time as is necessary or appropriate as additional information becomes available, including, without limitation, whether contracts or leases listed herein were deemed executory or unexpired as of the Petition Date and remain executory and unexpired postpetition.

7. **Real Property and Personal Property–Leased**. In the ordinary course of its business, the Debtor leased real property and various articles of personal property, including, fixtures, and equipment, from certain third-party and affiliated lessors. The Debtor has made reasonable efforts to list all such leases in the Schedules and Statements. The Debtor has made reasonable efforts to include lease obligations on Schedule D (secured debt) to the extent applicable and to the extent the lessor filed a UCC-1 financing statement. However, nothing in the Schedules or Statements is or shall be construed as an admission or determination as to the legal status of any lease (including whether to assume and assign or reject such lease or whether it is a true lease or a financing arrangement).

8. **Excluded Assets and Liabilities**. The Debtor has sought to allocate liabilities between the prepetition and post-petition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional

information becomes available and further research is conducted, the allocation of liabilities between the prepetition and post-petition periods may change.

The liabilities listed on the Schedules do not reflect any analysis of Claims under section 503(b)(9) of the Bankruptcy Code. Accordingly, the Debtor reserves all of its rights to dispute or challenge the validity of any asserted Claims under section 503(b)(9) of the Bankruptcy Code or the characterization of the structure of any such transaction or any document or instrument related to any creditor's Claim.

The Debtor has excluded certain categories of assets, tax accruals, and liabilities from the Schedules and Statements, including, without limitation, goodwill, accrued salaries, employee benefit accruals, and deferred gains. In addition, certain immaterial assets and liabilities may have been excluded.

To the extent the Debtor pays any of the claims listed in the Schedules and Statements pursuant to any orders entered by the Bankruptcy Court, the Debtor reserves all rights to amend and supplement the Schedules and Statements and take other action, such as filing objections to Claims, as is necessary and appropriate to avoid overpayment or duplicate payment for such liabilities.

9. **Insiders**. Solely, for purposes of the Schedules and Statements, the Debtor defines "insiders" to include the following: — (i) general partner in the debtor; (ii) relative of a general partner in, general partner of, or person in control of the debtor; (iii) partnership in which the debtor is a general partner; (iv) general partner of the debtor; or (v) person in control of the debtor. Entities listed as "insiders" have been included for informational purposes and their inclusion shall not constitute an admission that those entities are Insiders for purposes of Section 101(31) of the Bankruptcy Code.

10. **Executory Contracts and Unexpired Leases**. Other than real property leases reported in Schedule A/B 55, the Debtor has not necessarily set forth executory contracts and unexpired leases as assets in the Schedules and Statements, even though these contracts and leases may have some value to the Debtor's estate. The Debtor's executory contracts and unexpired leases have been set forth in Schedule G.

11. **Materialman's/Mechanic's Liens**. The assets listed in the Schedules and Statements are presented without consideration of any materialman's or mechanic's liens.

12. **Classifications**. Listing a Claim or contract on (a) Schedule D as "secured," (b) Schedule E/F part 1 as "priority," (c) Schedule E/F part 2 as "unsecured," or (d) Schedule G as "executory" or "unexpired," does not constitute an admission by the Debtor of the legal rights of the claimant, or a waiver of the Debtor's rights to recharacterize or reclassify such Claims or contracts or leases or to exercise their rights to setoff against such Claims.

13. **Claims Description**. Schedules D and E/F permit the Debtor to designate a Claim as "disputed," "contingent," and/or "unliquidated." Any failure to designate a Claim on the Debtor's Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by that Debtor that such amount is not "disputed," "contingent," or "unliquidated," or that such Claim is not subject to objection. Moreover, listing a Claim does not constitute an admission of liability by the Debtor.

14. **Causes of Action**. Despite its reasonable efforts to identify all known assets, the Debtor

may not have listed all of its causes of action or potential causes of action against third-parties as assets in the Schedules and Statements, including, without limitation, causes of actions arising under the provisions of Chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. The Debtor reserves all of its rights with respect to any cause of action (including avoidance actions), controversy, right of setoff, cross-Claim, counter-Claim, or recoupment and any Claim on contracts or for breaches of duties imposed by law or in equity, demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license, and franchise of any kind or character whatsoever, known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertable directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law, or in equity, or pursuant to any other theory of law (collectively, "**Causes of Action**") it may have, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any Claims or Causes of Action or in any way prejudice or impair the assertion of such Claims or Causes of Action.

15. **Litigation**. The Debtor has made reasonable efforts to accurately record litigation actions (collectively, the "**Litigation Actions**") in the Schedules and Statements to which the Debtor is party. The inclusion of any Litigation Action in the Schedules and Statements does not constitute an admission by the Debtor of liability, the validity of any Litigation Action or the amount of any potential claim that may result from any claims with respect to any Litigation Action, or the amount and treatment of any potential claim resulting from any Litigation Action currently pending or that may arise in the future.

16. **Summary of Significant Reporting Policies**. The following is a summary of significant reporting policies:

    a. Undetermined Amounts. The description of an amount as "unknown," "TBD" or "undetermined" is not intended to reflect upon the materiality of such amount.

    b. Totals. All totals that are included in the Schedules and Statements represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total.

    c. Liens. Property and equipment listed in the Schedules and Statements are presented without consideration of any liens that may attach (or have attached) to such property and equipment.

17. **Estimates and Assumptions**. Because of the timing of the filings, management was required to make certain estimates and assumptions that affected the reported amounts of the Debtor's assets and liabilities. Actual amounts could differ from those estimates, perhaps materially.

18. **Currency**. Unless otherwise indicated, all amounts are reflected in U.S. dollars.

19. **Intercompany**. The listing in the Schedules or Statements (including, without limitation,

Schedule A/B or Schedule E/F) by the Debtor of any obligation between the Debtor and any affiliate of the Debtor is a statement of what appears in the Debtor's books and records and does not reflect any admission or conclusion of the Debtor regarding whether such amount would be allowed as a Claim or how such obligations may be classified and/or characterized in a plan of reorganization or by the Bankruptcy Court. The Debtor and its advisors have reviewed the Debtor's books and records at the transaction level going back at least two years from the date of filing; however, the Debtor and its advisors were not able to review the books and records of all affiliates to confirm balances owed by or to the Debtor in time for the filing of these Schedules and Statements, due to the large number of affiliates and related transactions. The Debtor and its advisors will continue their review and may amend these Schedules and Statements should these balances require revision after such review.

20. **Setoffs**. The Debtor incurs certain offsets and other similar rights during the ordinary course of business. Offsets in the ordinary course can result from various items, including, without limitation, intercompany transactions, pricing discrepancies, returns, refunds, warranties, debit memos, credits, and other disputes between the Debtor and its suppliers and/or customers/patients. These offsets and other similar rights are consistent with the ordinary course of business in the Debtor's industry and are not tracked separately. Therefore, although such offsets and other similar rights may have been accounted for when certain amounts were included in the Schedules, offsets are not independently accounted for, and as such, are or may be excluded from the Debtor's Schedules and Statements.

21. **Patient Names and Addresses**. Pursuant to the *Order (I) Authorizing Procedures to Maintain and Protect Confidential Patient Information and (II) Granting Related Relief* [Docket No. 54], patient names and addresses have been removed from entries listed on the Schedules and the Statements, as applicable. These names and addresses are available upon request of the Office of the United States Trustee and the Bankruptcy Court.

22. **Global Notes Control**. If the Schedules and Statements differ from these Global Notes, the Global Notes shall control.

Specific Disclosures with Respect to the Debtor's Schedules

Schedule A/B. All values set forth in Schedule A/B reflect the book value of the Debtor's assets as of September 8, 2023, unless otherwise noted below. Other than real property leases reported on Schedule A/B 55, the Debtor has not included leases and contracts on Schedule A/B. Leases and contracts are listed on Schedule G.

Schedule A/B 3. Cash values held in financial accounts are listed on Schedule A/B 3 as of September 8, 2023. Details with respect to the Debtor's cash management system and bank accounts are provided in the *Debtor's Motion For Entry Of An Order: (I) Authorizing The Continued Use Of Existing Business Forms; (II) Authorizing Maintenance Of Existing Corporate Bank Accounts And Cash Management System; And (III) Waiving Certain U.S. Trustee Requirements* [Docket No. 12] (the "**Cash Management Motion**").

Schedule A/B 11. Accounts receivable do not include intercompany receivables. Intercompany receivables are reported in Schedule A/B 77. Amounts reflect the Debtor's

conservative estimate of net collectable value based on historical yield analysis, net of bad debt reserve.

Schedule A/B 22. Other inventory or supplies is reported based upon the Debtor's most recent balance sheet. Since the Debtor's inventory is constantly changing and being assessed, including but not limited to its pharmaceutical inventory, as additional information becomes available, the value of the inventory or supplies may change.

Schedule A/B 55. The Debtor does not own any real property. The Debtor has listed its real property leases in Schedule A/B 55, including any leasehold improvements, if any.

Schedule A/B 63. The Debtor maintains a current and former patient list. The amount is listed as undetermined because the fair market value of such ownership cannot be determined.

Schedule A/B 74 & 75. In the ordinary course of its business, the Debtor may have accrued, or may subsequently accrue, certain rights to counter-Claims, setoffs, refunds, or warranty Claims. Additionally, the Debtor may be a party to pending litigation in which the Debtor has asserted, or may assert, Claims as a plaintiff or counter-Claims as a defendant. Because such Claims are unknown to the Debtor and not quantifiable as of the Petition Date, they are not listed on Schedule A/B 74 or 75. The Debtor's failure to list any contingent and/or unliquidated claim held by the Debtor in response to these questions shall not constitute a waiver, release, relinquishment, or forfeiture of such claim.

Schedule A/B 77. The Debtor has several affiliates with which it has historically engaged in a significant number of frequently material intercompany transactions. The Debtor and its advisors have reviewed records of these transactions going back at least two years from the filing date. Transactions prior to that date are subject to further review. The Debtor will amend the schedules should these balances require revision after such review. Note that the Debtor has recorded balances payable to several affiliates as listed on Schedule E/F; the Debtor and its advisors continue to review balances both owed by and to affiliates, and the Debtor may amend the schedules should these balances require revision after such review.

Schedule D. The Claims listed on Schedule D arose or were incurred on various dates; a determination of the date upon which each Claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, not all such dates are included. All Claims listed on Schedule D, however, appear to have been incurred before the Petition Date.

Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent, and priority of liens. Nothing in the Global Notes or the Schedules and Statements shall be deemed a modification or interpretation of the terms of such agreements. Except as specifically stated on Schedule D, real property lessors, utility companies, and other parties that may hold security deposits have not been listed on Schedule D. Nothing herein shall be construed as an admission by the Debtor of the legal rights of the claimant or a waiver of the Debtor's right to recharacterize or reclassify such Claim or contract.

Moreover, the Debtor has not included on Schedule D parties that may believe their Claims are secured through setoff rights, letters of credit, surety bonds, or inchoate statutory lien rights.

Any description of any lien or of the Debtor's property that is subject to a lien that is included in Schedule D is not an admission by the Debtor of the validity or the enforceability of the lien. The descriptions included in Schedule D are derived from the various filings that record a creditor's alleged interest in the Debtor's property. The Debtor reserves all rights to challenge these interests in connection with the Chapter 11 Case.

Included on Schedule D are amounts owed to two affiliates, HIF and Westrise. As discussed above, the Debtor and its advisors have reviewed records of affiliate transactions going back at least two years from the filing date; however, no review of affilate's records has occuredTransactions prior to that date are subject to further review. The Debtor may amend the schedules should these balances require revision after such review.

The Debtor and its advisors continue to research liens on the Debtor's property and may amend this Schedule D to include additional secured obligations such as capital leases as appropriate that may currently be listed on Schedule G as executory contracts.

Schedule E/F part 2. The Debtor has used reasonable efforts to report all general unsecured Claims against the Debtor on Schedule E/F part 2, based upon the Debtor's books and records as of the Petition Date.

Determining the date upon which each Claim on Schedule E/F part 2 was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Debtor listed "various" as the date incurred for each Claim listed on Schedule E/F part 2. Furthermore, Claims listed on Schedule E/F part 2 may have been aggregated by unique creditor name and remit to address and may include several dates of incurrence for the aggregate balance listed.

Schedule E/F part 2 contains information regarding pending litigation involving the Debtor. The dollar amount of potential Claims associated with any such pending litigation is listed as "undetermined" and marked as contingent, unliquidated, and disputed in the Schedules and Statements. Some of the litigation Claims listed on Schedule E/F may be subject to subordination pursuant to Section 510 of the Bankruptcy Code. Further, the incidents underlying the litigation Claims listed on Schedule E/F may have given rise to related obligations that the Debtor may be responsible for. Inclusion of these related obligations on Schedule E/F is not intended to suggest that the litigation counterparty is entitled to multiple or duplicative recoveries. Schedule E/F part 2 may also include potential or threatened litigation claims. Any information contained in Schedule E/F part 2 with respect to such potential litigation shall not be a binding representation of the Debtor's liabilities with respect to any of the potential suits and proceedings included therein. The Debtor expressly incorporates by reference into Schedule E/F part 2 all parties to pending litigation listed in the Debtor's Statements 7, as contingent, unliquidated, and disputed claims, to the extent not already listed on Schedule E/F part 2.

Schedule E/F part 2 reflects the prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption, or assumption and assignment, of executory contracts or unexpired leases. Additionally, Schedule E/F part 2 does not include potential rejection damage Claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

Schedule E/F part 2 includes various affiliate payable balances.Note that the Debtor has recorded balances receivable from several affiliates as listed on Schedule A/B; the Debtor and its advisors continue to review balances both owed by and to affiliates, and the Debtor may amend the schedules should these balances require revision after such review.

Schedule G. The business of the Debtor is complex and, while every effort has been made to ensure the accuracy of Schedule G, inadvertent errors or omissions may have occurred. The Debtor hereby reserves all of its rights to (i) dispute the validity, status or enforceability of any contracts, agreements or leases set forth in Schedule G and (ii) amend or supplement such Schedule as necessary. Furthermore, the Debtor reserves all of its rights, claims and causes of action with respect to the contracts and agreements listed on the Schedules, including the right to dispute or challenge the characterization or the structure of any transaction, document or instrument. The presence of a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or an unexpired lease.

Certain information, such as the contact information of the counter-party, may not be included where such information could not be obtained using the Debtor's reasonable efforts. Listing or omitting a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is or is not an executory contract or unexpired lease, was in effect on the Petition Date, or is valid or enforceable. Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth separately on Schedule G.

Certain confidentiality and non-disclosure agreements may not be listed on Schedule G.

Certain of the contracts and agreements listed on Schedule G may consist of several parts, including, purchase orders, amendments, restatements, waivers, letters, and other documents that may not be listed on Schedule G or that may be listed as a single entry. In some cases, the same supplier or provider may appear multiple times on Schedule G. This multiple listing is intended to reflect distinct agreements between the Debtor and such supplier or provider. The Debtor expressly reserves its right to challenge whether such related materials constitute an executory contract, a single contract or agreement, or multiple, severable or separate contracts.

The contracts, agreements, and leases listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, memoranda and other documents, instruments, and agreements that may not be listed therein despite the Debtor's use of reasonable efforts to identify such documents. Further, unless otherwise specified on Schedule G, each executory contract or unexpired lease listed thereon shall include all exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements, or other agreements made directly or indirectly by any agreement, instrument, or other document that in any manner affects such executory contract or unexpired lease, without respect to whether such agreement, instrument, or other document is listed thereon.

Certain of the contracts and agreements listed on Schedule G may ultimately prove to be secured obligations such as capital leases as the Debtor and its advisors continue their research into liens

on the Debtor's property. The Debtor may amend this Schedule G and Schedule D as appropriate.

In addition, the Debtor may have entered into various other types of agreements in the ordinary course of its business, such as subordination, nondisturbance, and attornment agreements, supplemental agreements, settlement agreements, amendments/letter agreements, title agreements and confidentiality agreements. Such documents may not be set forth on Schedule G. Certain of the executory agreements may not have been memorialized and could be subject to dispute. Executory agreements that are oral in nature have not been included on the Schedule G.

Schedule H. For purposes of Schedule H, the Debtor may not have identified certain guarantees associated with the Debtor's executory contracts, unexpired leases, secured financings, debt instruments, and other such agreements.

In the ordinary course of its business, the Debtor may be involved in pending or threatened litigation. These matters may involve multiple plaintiffs and defendants, some or all of whom may assert cross-Claims and counter-Claims against other parties. Because the Debtor has treated all such Claims as contingent, disputed, or unliquidated, such Claims have not been set forth individually on Schedule H. Litigation matters can be found on the Debtor's Schedule E/F part 2 and Statement 7, as applicable.

Specific Disclosures with Respect to the Debtor's Statements

Statement 1. Revenue from operation of the business is reported as a net figure as opposed to gross. Amounts reflect the Debtor's conservative estimate of net collectable value based on historical yield analysis.

Statement 3. Statement 3 includes all disbursements or other transfers made by the Debtor within 90 days before the Petition Date. Disbursements or other transfers made to insiders are specified in Statement question 4; disbursements or other transfers made to bankruptcy professionals are specified in Statement 11 and include any retainers paid to bankruptcy professionals. To the extent a disbursement was made to pay for multiple invoices, only one entry has been listed on Statement 3. While the Debtor may have made disbursements or other transfers for the benefit of affiliates, affiliates may have also made disbursements or other transfers for the benefit of the Debtor. To the extent available, the Debtor and its advisors have reviewed such transactions in the context of verifying the intercompany balances between the Debtor and its affiliates.

Statement 4. Statement 4 accounts for the Debtor's intercompany/affiliate transactions, as well as other transfers to Insiders as applicable. With respect to individuals, the amounts listed reflect the universe of payments and transfers to such individuals including compensation, bonus (if any), expense reimbursement, relocation reimbursement, and/or severance. Amounts paid on behalf of such employee for certain life and disability coverage, which coverage is provided to all of the Debtor's employees, has not been included.

The Debtor has included all consulting and payroll distributions and travel, entertainment, and other expense reimbursements, made over the twelve months preceding the Petition Date to any individual that may be deemed an "Insider."

The listing of a party as an Insider in the Schedules and Statements is not intended to be, nor shall be, construed as a legal characterization or determination of such party as an actual insider and does not act as an admission of any fact, claim, right or defense, and all such rights, claims, and defenses are hereby expressly reserved.

Statement 7. Any information contained in Statement 7 shall not be a binding representation of the Debtor's liabilities with respect to any of the suits and proceedings identified therein.

The Debtor used reasonable efforts to identify all pending litigation and assign appropriate descriptions thereto. In the event that the Debtor discovers additional information pertaining to these legal actions identified in response to Statement 7, the Debtor will use reasonable efforts to supplement the Statements in light thereof.

Statement 10. The Debtor occasionally incurs losses for a variety of reasons, including theft and property damage. The Debtor, however, may not have records of all such losses if such losses do not have a material impact on the Debtor's business or are not reported for insurance purposes.

Statement 11. Out of an abundance of caution, the Debtor has included payments to all professionals who have rendered any advice related the Debtor's bankruptcy proceedings in Statement 11. The Debtor's affiliate Arise Healthcare Systems paid funds to certain professionals listed in Statement 11; due to the fact that Arise Healthcare Systems has common ownership and management with the Debtor, it was natural and practical to discuss Arise Healthcare Systems while discussing the Debtor's future at the beginning of certain representations. At all times, however, the professionals have focused on the Debtor and its ability to reorganize.

Statement 26d. The Debtor has provided financial statements in the ordinary course of its business to numerous financial institutions, creditors, and other parties within two years immediately before the Petition Date. The Debtor has attempted to list such parties in response to Statement 26d. However, considering the number of such recipients and the possibility that such information may have been shared with parties without the Debtor's knowledge or consent or subject to confidentiality agreements, the Debtor's response to Statement 26d may not be comprehensive.

Statement 30. Unless otherwise indicated in the Debtor's specific response to Statement 30, the Debtor has included a comprehensive response to Statement 30 in Statement 4.

Fill in this information to identify the case:

Debtor name: Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center

United States Bankruptcy Court for the: Western District of Texas

Case number (if known): 23-10747

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. ***Schedule A/B: Assets–Real and Personal Property*** (Official Form 206A/B)

1a.	**Real property:** Copy line 88 from Schedule A/B	$4,273,916.59
1b.	**Total personal property:** Copy line 91A from Schedule A/B	$11,991,020.06
1c.	**Total of all property:** Copy line 92 from Schedule A/B	$16,264,936.65

Part 2: Summary of Liabilities

2.	***Schedule D: Creditors Who Have Claims Secured by Property*** (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D	$18,383,938.18

3. ***Schedule E/F: Creditors Who Have Unsecured Claims*** (Official Form 206E/F)

3a.	**Total claim amounts of priority unsecured claims:** Copy the total claims from Part 1 from line 5a of Schedule E/F	$283,009.68
3b.	**Total amount of claims of nonpriority amount of unsecured claims:** Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F	+ $28,085,710.67

4.	***Total liabilities*** Lines 2 + 3a + 3b	$46,752,658.53

Fill in this information to identify the case:

Debtor name: Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center

United States Bankruptcy Court for the: Western District of Texas

Case number (if known): 23-10747

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.

☑ Yes. Fill in the information below

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest
2. Cash on hand	
2.1. _____	$_____

3. Checking, savings, money market, or financial brokerage accounts *(Identify all)*

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1.	WELLS FARGO BANK, NA	DEPOSITORY ACCOUNT	4257	$48,198.00
3.2.	WELLS FARGO BANK, NA	DEPOSITORY ACCOUNT	4240	$5,431.00
3.3.	WELLS FARGO BANK, NA	CREDIT CARD ACCOUNT	4996	$0.00
3.4.	WELLS FARGO BANK, NA	NON-PATIENT A/R ACCOUNT	5001	$0.00
3.5.	WELLS FARGO BANK, NA	PAYROLL ACCOUNT	9075	$0.00
3.6.	WELLS FARGO BANK, NA	OPERATING ACCOUNT	9091	$45,412.00
3.7.	WELLS FARGO BANK, NA	PATIENT REFUND ACCOUNT	9109	$0.00
3.8.	BOC BANK	OPERATING ACCOUNT	3148	$7.00
3.9.	BOC BANK	OPERATING ACCOUNT	0492	$1,396.00

4. Other cash equivalents *(Identify all)*

	Description	Name of institution	Type of account	Last 4 digits of account number	Current value of debtor's interest
4.1.	_____	_____	_____	_____	$_____

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

5. Total of part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80. $100,444.00

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

☐ No. Go to Part 3.

☑ Yes. Fill in the information below

7. Deposits, including security deposits and utility deposits

	Description, including name of holder of deposit	Current value of debtor's interest
7.1.	RENT SECURITY INTERNAL MED SOLUTIONS 5656 BEE CAVE RD BUILDING C, SUITE 101 AUSTIN TX 78746	$5,500.00

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

	Description, including name of holder of prepayment	Current value of debtor's interest
8.1.	BUSINESS INSURANCE FINANCING AFCO CREDIT CORPORATION	$99,008.00
8.2.	PROFESSIONAL FEES BLUE BLOOD PERFUSION GROUP, LLC	$4,852.00
8.3.	EQUIPMENT RENTAL CHANGE HEALTHCARE	$10,393.00
8.4.	EQUIPMENT FINANCING DELL FINANCIAL SERVICES	$6,116.00
8.5.	PRE-PETITION RETAINER BALANCE DONLIN RECANO & CO. INC	$6,553.64
8.6.	MAINTENANCE CONTRACT HARRIS QUADRAMED CORPORATION	$16,090.00
8.7.	PRE-PETITION RETAINER BALANCE HAYWARD PLLC	$39,594.50
8.8.	MAINTENANCE CONTRACT MAKO SURGICAL CORP	$49,378.00
8.9.	MAINTENANCE CONTRACT MEDHOST MIDAS PLUS	$214,210.00
8.10.	SOFTWARE CONTRACT NOVARAD CORP.	$2,257.00
8.11.	SUBSCRIPTION ONE MEDICAL PASSPORT, INC	$781.00
8.12.	PRE-PETITION RETAINER BALANCE PALADIN MANAGEMENT GROUP	$10,060.83
8.13.	RADIATION CONTROL LICENSE TEXAS DEPARTMENT OF STATE HEALTH SERVICES	$2,841.00

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

	Description, including name of holder of prepayment	Current value of debtor's interest
8.14.	CONTINUING EDUCATION TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER (TTUHSC)	$2,023.00
8.15.	MAINTENANCE CONTRACT ULTIMATE BIOMEDICAL SOLUTIONS LLC	$6,483.00

9. Total of part 2

Add lines 7 through 8. Copy the total to line 81. $476,140.97

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

☐ No. Go to Part 4.

☑ Yes. Fill in the information below.

11. Accounts receivable

		Face amount		Doubtful or uncollectible accounts		Current value of debtor's interest
11a.	90 days old or less:	$3,837,356.95	-	$0.00	= ..... →	$3,837,356.95
		Face amount		Doubtful or uncollectible accounts		
11b.	Over 90 days old:	$9,358,794.72	-	$5,661,532.07	= ..... →	$3,697,262.65

12. Total of part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82. $7,534,619.60

Part 4: Investments

13. Does the debtor own any investments?

☐ No. Go to Part 5.

☑ Yes. Fill in the information below.

14. Mutual funds or publicly traded stocks not included in Part 1

	Name of fund or stock	Valuation method used for current value	Current value of debtor's interest
14.1.	_____	_____	$_____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

	Name of entity	% of ownership		
15.1.	5TH VITAL AUSTIN HEALTHCARE LLC	100.00%	_____	UNDETERMINED

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

	Describe		
16.1.	_____	_____	$_____

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

17. Total of part 4

Add lines 14 through 16. Copy the total to line 83.

UNDETERMINED

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

☐ No. Go to Part 6.

☑ Yes. Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	**Raw materials**				
19.1.	_____	_____	$_____	_____	$_____
20.	**Work in progress**				
20.1.	_____	_____	$_____	_____	$_____
21.	**Finished goods, including goods held for resale**				
21.1.	_____	_____	$_____	_____	$_____

22. Other inventory or supplies

	General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
22.1.	VARIOUS MEDICAL SUPPLIES & PHARMACEUTICALS[1]	UNKNOWN	$400,000.00	NET BOOK VALUE	$400,000.00

[1]ALL VALUES REPORTED IN NUMBER 25 BELOW FOR VALUE PURCHASED WITHIN 20 DAYS BEFORE BANKRUPTCY FILING ARE REPORTED AT PURCHASE PRICE.

23. Total of part 5

Add lines 19 through 22. Copy the total to line 84.

$400,000.00

24. Is any of the property listed in Part 5 perishable?

☐ No

☑ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☐ No

☑ Yes Book value: To be determined Valuation method: _____ Current value:To be determined

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

☑ No

☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

☑ No. Go to Part 7.

☐ Yes. Fill in the information below.

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28.	**Crops—either planted or harvested**			
28.1.	_____	$_____	_____	$_____
29.	**Farm animals.** Examples: Livestock, poultry, farm-raised fish			
29.1.	_____	$_____	_____	$_____
30.	**Farm machinery and equipment** (Other than titled motor vehicles)			
30.1.	_____	$_____	_____	$_____
31.	**Farm and fishing supplies, chemicals, and feed**			
31.1.	_____	$_____	_____	$_____
32.	**Other farming and fishing-related property not already listed in Part 6**			
32.1.	_____	$_____	_____	$_____

33. Total of part 6

Add lines 28 through 32. Copy the total to line 85. $0.00

34. Is the debtor a member of an agricultural cooperative?

☐ No

☐ Yes. Is any of the debtor's property stored at the cooperative?

☐ No

☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

☐ No

☐ Yes Book value: $_____ Valuation method: _____ Current value: $_____

36. Is a depreciation schedule available for any of the property listed in Part 6?

☐ No

☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

☐ No

☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.

☑ Yes. Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	**Office furniture**			
39.1.	FURNITURE & FIXTURES - OWNED	$7,516.12	Net Book Value	$7,516.12
40.	**Office fixtures**			
40.1.	_____	$_____	_____	$_____

41. Office equipment, including all computer equipment and communication systems equipment and software

		Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.1.	COMPUTER HARDWARE - OWNED	$361,468.51	Net Book Value	$361,468.51
41.2.	COMPUTER SOFTWARE - OWNED	$14,010.22	Net Book Value	$14,010.22

42. Collectibles. Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

42.1.	_____	$_____	_____	$_____

43. Total of part 7

Add lines 39 through 42. Copy the total to line 86. $382,994.85

44. Is a depreciation schedule available for any of the property listed in Part 7?

☐ No
☑ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☑ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☐ No. Go to Part 9.
☑ Yes. Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available) (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	**Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**			
47.1.	TRAILER - VIN#: 5NHUCCT298Y006624	$0.00	_____	UNDETERMINED
48.	**Watercraft, trailers, motors, and related accessories.** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1.	_____	$_____	_____	$_____
49.	**Aircraft and accessories**			
49.1.	_____	$_____	_____	$_____
50.	**Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**			
50.1.	HOSPITAL EQUIPMENT	$604,853.46	Net Book Value	$604,853.46
50.2.	KITCHEN EQUIPMENT	$639.96	Net Book Value	$639.96
50.3.	SURGICAL EQUIPMENT	$807,413.49	Net Book Value	$807,413.49
50.4.	SURGICAL INSTRUMENTS	$54,830.58	Net Book Value	$54,830.58

51. Total of part 8

Add lines 47 through 50. Copy the total to line 87. $1,467,737.49

52. Is a depreciation schedule available for any of the property listed in Part 8?

☐ No
☑ Yes

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

☑ No

☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

☐ No. Go to Part 10.

☑ Yes. Fill in the information below.

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.	**Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**				
55.1.	_ HOSPITAL BUILDING LEASE 5656 BEE CAVES ROAD WESTLAKE TX 78746	LEASEHOLD	UNDETERMINED	_____	UNDETERMINED
55.2.	_ HOSPITAL BUILDING LEASEHOLD IMPROVEMENT 5656 BEE CAVES ROAD WEST LAKE HILLS TX 78746-5814	HOSPITAL FINISH-OUT	$1,037,011.95	Net Book Value	$1,037,011.95
55.3.	_ OFFICE BUILDING LEASE 5656 BEE CAVES ROAD WEST LAKE HILLS TX 78746-5814	BUILDING LEASE	$700,598.56	Net Book Value	$700,598.56
55.4.	_ OFFICE LEASEHOLD IMPROVEMENT 5656 BEE CAVES ROAD SUITE K-200 OFFICES WEST LAKE HILLS TX 78746	LEASEHOLD	UNDETERMINED	_____	UNDETERMINED
55.5.	_ BUILDING J LEASEHOLD IMPROVEMENT 5656 BEE CAVES ROAD WEST LAKE HILLS TX 78746-5814	BLDG J FINISH-OUT	$38,717.34	Net Book Value	$38,717.34
55.6.	_ BOILER ROOM LEASEHOLD IMPROVEMENT 5656 BEE CAVES ROAD WEST LAKE HILLS TX 78746-5814	BOILER ROOM FINISH-OUT	$1,037,303.84	Net Book Value	$1,037,303.84

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	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.	**Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**				
55.7.	_ EMERGENCY ROOM EXPENSION LEASEHOLD IMPROVEMENT 5656 BEE CAVES ROAD WEST LAKE HILLS TX 78746-5814	ER EXPANSION	$323,540.51	Net Book Value	$323,540.51
55.8.	_ OPERATING ROOM LEASEHOLD IMPROVEMENT 5656 BEE CAVES ROAD WEST LAKE HILLS TX 78746-5814	5TH OR FINISH-OUT	$133,103.89	Net Book Value	$133,103.89
55.9.	_ LEASEHOLD IMPROVEMENT-BUILDING K SPACE LEASEHOLD IMPROVEMENT 5656 BEE CAVES ROAD WEST LAKE HILLS TX 78746-5814	BLDG K BUSINESS OFFICE FINISH-OUT	$8,181.95	Net Book Value	$8,181.95
55.10.	_ BUILDING K PHYSICAL THERAPY SPACE LEASEHOLD IMPROVEMENT 5656 BEE CAVES ROAD WEST LAKE HILLS TX 78746-5814	BLDG K PT FINISH-OUT	$22,280.76	Net Book Value	$22,280.76
55.11.	_ SLEEP LAB LEASEHOLD IMPROVEMENT 5656 BEE CAVES ROAD WEST LAKE HILLS TX 78746-5814	SLEEP LAB FINISH-OUT	$44,030.64	Net Book Value	$44,030.64
55.12.	_ BUILDING L SPACE LEASEHOLD IMPROVEMENT 5656 BEE CAVES ROAD WEST LAKE HILLS TX 78746-5814	BLDG L FINISH-OUT	$345,129.48	Net Book Value	$345,129.48
55.13.	_ BUILDING M SPACE LEASEHOLD IMPROVEMENT 5656 BEE CAVES ROAD WEST LAKE HILLS TX 78746-5814	BLDG M FINISH-OUT	$325,028.72	Net Book Value	$325,028.72
55.14.	_ RIVERPLACE REMODEL LEASEHOLD IMPROVEMENT 5656 BEE CAVES ROAD WEST LAKE HILLS TX 78746-5814	RIVERPLACE-REMODEL	$258,988.95	Net Book Value	$258,988.95

56. Total of part 9

Add the current value on lines 55. Copy the total to line 88. $4,273,916.59

57. Is a depreciation schedule available for any of the property listed in Part 9?

☐ No

☑ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☑ No

☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

☐ No. Go to Part 11.

☑ Yes. Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	**Patents, copyrights, trademarks, and trade secrets**			
60.1.	_____	$_____	_____	$_____
61.	**Internet domain names and websites**			
		Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1.	WESTLAKEMEDICAL.COM	UNKNOWN	_____	UNDETERMINED
61.2.	WESTLAKEHOSPITAL.COM	UNKNOWN	_____	UNDETERMINED
62.	**Licenses, franchises, and royalties**			
62.1.	UNITED STATES DEPARTMENT OF JUSTICE – DEA BT9137349; CONTROLLED SUBSTANCE REG. CERT.	UNDETERMINED	_____	UNDETERMINED
62.2.	DNV GL HEALTHCARE USA, INC. 592224-2019-AHC-USANIAHO; CERTIFICATE OF ACCREDITATION	UNDETERMINED	_____	UNDETERMINED
62.3.	CENTERS FOR MEDICARE & MEDICAID SERVICES; 45D1088854; CLIA COMPLIANCE AMENDMENT	UNDETERMINED	_____	UNDETERMINED
62.4.	TEXAS DEPARTMENT OF STATE HEALTH SERVICES; Z06876; CERT. OF REGISTRATION FOR LASERS	UNDETERMINED	_____	UNDETERMINED
62.5.	TEXAS HEALTH AND HUMAN SERVICES COMMISSION; Z06876; CERT. OF REGISTRATION FOR LASERS	UNDETERMINED	_____	UNDETERMINED
62.6.	TEXAS HEALTH AND HUMAN SERVICES COMMISSION; 008228; HOSPITAL LICENSE	UNDETERMINED	_____	UNDETERMINED
62.7.	TEXAS HEALTH AND HUMAN SERVICES COMMISSION; L06234; RADIOACTIVE MATERIAL LICENSE	UNDETERMINED	_____	UNDETERMINED
62.8.	HOSPITAL PHARMACY LICENSE	UNDETERMINED	_____	UNDETERMINED
62.9.	INSTITUTIONAL STERILE PHARMACY LICENSE	UNDETERMINED	_____	UNDETERMINED
62.10.	X-RAY LOCATION	UNDETERMINED	_____	UNDETERMINED
63.	**Customer lists, mailing lists, or other compilations**			
63.1.	PATIENT AND VENDOR NAMES, ADDRESSES, E-MAILS, EIN, CERTAIN BANK ACCOUNT INFORMATION	UNDETERMINED	_____	UNDETERMINED
64.	**Other intangibles, or intellectual property**			
64.1.	_____	$_____	_____	$_____
65.	**Goodwill**			
65.1.	_____	$_____	_____	$_____

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

66. Total of part 10

Add lines 60 through 65. Copy the total to line 89. UNDETERMINED

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

☐ No
☑ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☑ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☑ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.
☑ Yes. Fill in the information below.

71. Notes receivable

	Description (include name of obligor)	Total face amount		Doubtful or uncollectible amount		Current value of debtor's interest
71.1.	_____	$_____	-	$_____	= ..... →	$_____

72. Tax refunds and unused net operating losses (NOLs)

	Description (for example, federal, state, local)	Tax refund amount	NOL amount	Tax year	Current value of debtor's interest
72.1.	_____	$_____	$_____	_____	$_____

73. Interests in insurance policies or annuities

	Insurance company	Insurance policy No.	Annuity issuer name	Annuity account type	Annuity account No.	Current value of debtor's interest
73.1.	ZURICH AMERICAN INSURANCE CO.	CPP134652402 (PROPERTY)	_____	_____	_____	UNDETERMINED
73.2.	NATIONAL FIRE & MARINE INSURANCE CO.	EN008166 (UMBRELLA)	_____	_____	_____	UNDETERMINED
73.3.	TRISURA SPECIALTY INSURANCE COMPANY	ATB672076201 (CYBER)	_____	_____	_____	UNDETERMINED
73.4.	NATIONAL FIRE & MARINE INSURANCE CO.	HN008166 (HPL, GL, EBL, HNOA)	_____	_____	_____	UNDETERMINED
73.5.	ARGONAUT INSURANCE COMPANY	ML42437144 (D&O/EPL/FIDUCIARY)	_____	_____	_____	UNDETERMINED

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

74. Causes of action against third parties (whether or not a lawsuit has been filed)

		Nature of claim	Amount requested	Current value of debtor's interest
74.1.	_____	_____	$_____	$_____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

		Nature of claim	Amount requested	Current value of debtor's interest
75.1.	INTERNAL REVENUE SERVICE - CASE NO. 0237500000	PENALTY RECOUPMENT/RECOVERY	$772,969.48	UNDETERMINED

76. Trusts, equitable or future interests in property

76.1.	_____	$_____

77. Other property of any kind not already listed

Examples: Season tickets, country club membership

77.1.	AFFILIATE RECEIVABLE DUE FROM: ARISE MEDICAL GROUP	$341,817.00
77.2.	AFFILIATE RECEIVABLE DUE FROM: ATTILA LP INVESTOR, LLC	$353,238.00
77.3.	AFFILIATE RECEIVABLE DUE FROM: WESTLAKE MEDICAL CENTER LTD.	$117,259.00
77.4.	PHYSICIANS RECEIVABLE FROM CENTRAL TEXAS SPINE INSTITUTE (DR. DRYER)	$36,383.38
77.5.	PHYSICIANS RECEIVABLE FROM AUSTIN NEURO SURGEONS - (DR. PETERSON)	$757,098.45
77.6.	PHYSICIANS RECEIVABLE FROM CENTRAL TEXAS ORTHPODETICS - (DR. WELSH)	$15,000.65
77.7.	AFFILIATE RECEIVABLE DUE FROM: VEFALI HUSENG	$8,286.67

78. Total of part 11

Add lines 71 through 77. Copy the total to line 90. $1,629,083.15

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☑ No

☐ Yes

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

	Type of property	Current value of personal property		Current value of real property
80.	**Cash, cash equivalents, and financial assets.** *Copy line 5, Part 1.*	$100,444.00		
81.	**Deposits and prepayments.** *Copy line 9, Part 2.*	$476,140.97		
82.	**Accounts receivable.** *Copy line 12, Part 3.*	$7,534,619.60		
83.	**Investments.** *Copy line 17, Part 4.*	UNDETERMINED		
84.	**Inventory.** *Copy line 23, Part 5.*	$400,000.00		
85.	**Farming and fishing-related assets.** *Copy line 33, Part 6.*	$0.00		
86.	**Office furniture, fixtures, and equipment; and collectibles.** *Copy line 43, Part 7.*	$382,994.85		
87.	**Machinery, equipment, and vehicles.** *Copy line 51, Part 8.*	$1,467,737.49		
88.	**Real property.** *Copy line 56, Part 9.* ..... →			$4,273,916.59
89.	**Intangibles and intellectual property.** *Copy line 66, Part 10.*	UNDETERMINED		
90.	**All other assets.** *Copy line 78, Part 11.*	**+** $1,629,083.15		
91.	**Total.** Add lines 80 through 90 for each column. .....91a.	$11,991,020.06	**+** 91b.	$4,273,916.59

92. **Total of all property on Schedule A/B.** Lines 91a + 91b = 92. ..... $16,264,936.65

Fill in this information to identify the case:

Debtor name: Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center

United States Bankruptcy Court for the: Western District of Texas

Case number (if known): 23-10747

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property 12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☑ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

			Column A **Amount of Claim** Do not deduct the value of collateral.	Column B **Value of collateral that supports this claim**
2.1.	**Creditor's name and address** ALLIANCE FUNDING GROUP 17542 17TH STREET STE 200 TUSTIN CA 92780 **Creditor's email address, if known** _____ **Date debt was incurred:** _____ **Last 4 digits of account number:** **Do multiple creditors have an interest in the same property?** ☑ No ☐ Yes. Have you already specified the relative priority? ☐ No. Specify each creditor, including this creditor, and its relative priority. _____ _____ ☐ Yes. The relative priority of creditors is specified on lines: _____	**Describe debtor's property that is subject to a lien** LEASED EQUIPMENT **Describe the lien** _____ **Is the creditor an insider or related party?** ☑ No ☐ Yes **Is anyone else liable on this claim?** ☑ No ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H). **As of the petition filing date, the claim is:** Check all that apply. ☐ Contingent ☐ Unliquidated ☑ Disputed	$228,498.45	UNDETERMINED

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.2. **Creditor's name and address**

AMERICAN INCENTIVE ADVISORS LLC (AIA)
RALEIGH C KONE
8911 N CAPITAL OF TEXAS HWY
STE 1105
AUSTIN TX 78759

Creditor's email address, if known

_____

Date debt was incurred: _____

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

_____ $191,304.00 UNDETERMINED

Describe the lien

_____

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☑ Disputed

2.3. **Creditor's name and address**

BREVET CAPITAL ADVISORS
MARK GUNDERSEN
441 NINTH AVE
20TH FL
NEW YORK NY 10001

Creditor's email address, if known

_____

Date debt was incurred: _____

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

_____ $259,749.00 UNDETERMINED

Describe the lien

_____

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☑ Disputed

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.4. **Creditor's name and address**

BRICKHOUSE CHANNEL
8161 E INDIAN BEND ROAD
SUITE 103
SCOTTSDALE AZ 85250

Creditor's email address, if known

_____

Date debt was incurred: _____

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

LEASED EQUIPMENT

Describe the lien

_____

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☑ Disputed

$91,380.17	UNDETERMINED

2.5. **Creditor's name and address**

C T CORPORATION SYSTEM, AS REPRESENTATIVE
BREVET CAPITAL ADVISORS
RE: WESTLAKE SURGICAL, L.P. D/B/A THE HOSPITAL AT WESTLAKE MEDICAL CENTER
330 N BRAND BLVD STE 700
GLENDALE CA 91203

Creditor's email address, if known

_____

Date debt was incurred: 9/23/2021

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

ALL ASSETS OF THE DEBTOR, NOW EXISTING AND
HEREAFTER ARISING, WHEREVER LOCATED

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 12/13/2022 AS DOCUMENT NO. 210041990450 AND AS CONTINUED OR AMENDED 12/13/2022, 12/20/2022 AS DOCUMENT NOS. 2200598611, 2200610037, AND 2200607854

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☑ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☑ Contingent

☑ Unliquidated

☐ Disputed

UNDETERMINED	UNDETERMINED

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.6. **Creditor's name and address**

C T CORPORATION SYSTEM, AS REPRESENTATIVE
CAP CITY NY (RELATED TO MAD SCIENCE LABORATORIES LLC)
RE: WESTLAKE SURGICAL, L.P. D/B/A THE HOSPITAL AT WESTLAKE MEDICAL CENTER
330 N BRAND BLVD STE 700
GLENDALE CA 91203

Creditor's email address, if known

_____

Date debt was incurred: 6/12/2023

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

RELATED TO FINANCING FOR MAD SCIENCE LABORATORIES LLC

Describe the lien

UCC-1 RECORDED IN STATE OF CALIFORNIA 06/12/2023 AS DOCUMENT NO. U230041155623

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☑ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☑ Contingent

☑ Unliquidated

☐ Disputed

UNDETERMINED UNDETERMINED

2.7. **Creditor's name and address**

C T CORPORATION SYSTEM, AS REPRESENTATIVE
CAP CITY NY (RELATED TO MAD SCIENCE LABORATORIES LLC)
RE: WESTLAKE SURGICAL, L.P. D/B/A THE HOSPITAL AT WESTLAKE MEDICAL CENTER
330 N BRAND BLVD STE 700
GLENDALE CA 91203

Creditor's email address, if known

_____

Date debt was incurred: 6/12/2023

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

ALL ASSETS ED BY SUCH ENTITY.

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 06/12/2023 AS DOCUMENT NO. 230025567545

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☑ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☑ Contingent

☑ Unliquidated

☐ Disputed

UNDETERMINED UNDETERMINED

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.8. **Creditor's name and address**

C T CORPORATION SYSTEM, AS REPRESENTATIVE
CENTRA FUNDING, LLC/INTEGRATION PARTNERS CORPORATION
RE: WESTLAKE SURGICAL, L.P. D/B/A THE HOSPITAL AT WESTLAKE MEDICAL CENTER
330 N BRAND BLVD STE 700
GLENDALE CA 91203

Creditor's email address, if known

_____

Date debt was incurred: 10/7/2022

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

NETWORKING EQUIPMENT

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 10/07/2022 AS DOCUMENT NO. 220049618042

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☑ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☑ Contingent

☑ Unliquidated

☐ Disputed

UNDETERMINED UNDETERMINED

2.9. **Creditor's name and address**

C T CORPORATION SYSTEM, AS REPRESENTATIVE
TVT CAPITAL, LLC/LENDSPARK
RE: WESTLAKE SURGICAL, L.P. D/B/A THE HOSPITAL AT WESTLAKE MEDICAL CENTER
330 N BRAND BLVD STE 700
GLENDALE CA 91203

Creditor's email address, if known

_____

Date debt was incurred: 10/21/2022

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

ALL EQUIPMENT, AND ALL MODIFICATIONS, ACCESSIONS, ATTACHMENTS, REPLACEMENTS AND RTY AND WESTLAKE SURGICAL, L.P. AS DEBTOR.

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 10/21/2022 AS DOCUMENT NO. 220051791239 AND AS AMENDED 12/13/2022 AS DOCUMENT NO. 2200598557

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☑ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☑ Contingent

☑ Unliquidated

☐ Disputed

UNDETERMINED UNDETERMINED

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.10. **Creditor's name and address**

C T CORPORATION SYSTEM, AS REPRESENTATIVE
TVT CAPITAL, LLC/LENDSPARK
RE: WESTLAKE SURGICAL, L.P. D/B/A THE HOSPITAL AT WESTLAKE MEDICAL CENTER
330 N BRAND BLVD STE 700
GLENDALE CA 91203

Creditor's email address, if known

_____

Date debt was incurred: 10/24/2022

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

RELATED TO FINANCING FOR MAD SCIENCE LABORATORIES LLC

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 10/24/2022 AS DOCUMENT NO. 220052091041

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☑ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☑ Contingent

☑ Unliquidated

☐ Disputed

UNDETERMINED UNDETERMINED

2.11. **Creditor's name and address**

CENTRA LEASING
PO BOX 84127
SEATTLE WA 98124

Creditor's email address, if known

_____

Date debt was incurred: _____

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

LEASED EQUIPMENT

Describe the lien

_____

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☑ Disputed

$69,266.74 UNDETERMINED

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.12.	**Creditor's name and address** CHANNEL PARTNERS CAPITAL, LLC 11100 WAYZATA BLVD STE 305 HOPKINS MN 55305 **Creditor's email address, if known** _____ **Date debt was incurred:** 10/10/2022 **Last 4 digits of account number:** **Do multiple creditors have an interest in the same property?** ☑ No ☐ Yes. Have you already specified the relative priority? ☐ No. Specify each creditor, including this creditor, and its relative priority. _____ _____ ☐ Yes. The relative priority of creditors is specified on lines: _____	**Describe debtor's property that is subject to a lien** CRYO SCIENCE ARCTIC[TM] UNIT 2.0 **Describe the lien** UCC-1 RECORDED IN STATE OF TEXAS 10/10/2022 AS DOCUMENT NO. 220049766652 **Is the creditor an insider or related party?** ☑ No ☐ Yes **Is anyone else liable on this claim?** ☑ No ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H). **As of the petition filing date, the claim is:** Check all that apply. ☐ Contingent ☑ Unliquidated ☐ Disputed	UNDETERMINED	UNDETERMINED
2.13.	**Creditor's name and address** CNH FINANCE FUND I, L.P. 2 GREENWICH PLZ GREENWICH CT 06830 **Creditor's email address, if known** _____ **Date debt was incurred:** 2/1/2018 **Last 4 digits of account number:** **Do multiple creditors have an interest in the same property?** ☐ No ☑ Yes. Have you already specified the relative priority? ☑ No. Specify each creditor, including this creditor, and its relative priority. CNH FINANCE FUND I, L.P. NKA ECAPITAL HAS A FIRST PRIORITY SECURITY INTEREST AND WESTRISE LLC HAS A SUBORDINATE SECURITY INTEREST ☐ Yes. The relative priority of creditors is specified on lines: _____	**Describe debtor's property that is subject to a lien** (I) ALL ACCOUNTS AND RELATED PROPERTY; (II) WESTLAKE'S DEPOSIT ACCOUNTS, AND (III) ALL OTHER PERSONAL PROPERTY AND FIXTURES **Describe the lien** UCC-1 RECORDED IN STATE OF TEXAS 2/1/2018 AS DOCUMENT NO. 180003629766 AND AS AMENDED AND CONTINUED 12/13/2022 AND 1/9/2023 AS DOCUMENT NOS. AND 2200598435 AND 2300010470 **Is the creditor an insider or related party?** ☑ No ☐ Yes **Is anyone else liable on this claim?** ☐ No ☑ Yes. Fill out Schedule H: Codebtors (Official Form 206H). **As of the petition filing date, the claim is:** Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed	$4,685,657.81	UNDETERMINED

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.14.	**Creditor's name and address** CORPORATION SERVICE COMPANY, AS REPRESENTATIVE ALLIANCE FUNDING GROUP RE: WESTLAKE SURGICAL, L.P. D/B/A THE HOSPITAL AT WESTLAKE MEDICAL CENTER PO BOX 2576 SPRINGFIELD IL 62708 **Creditor's email address, if known** _____ **Date debt was incurred:** 10/12/2022 **Last 4 digits of account number:** **Do multiple creditors have an interest in the same property?** ☑ No ☐ Yes. Have you already specified the relative priority? ☐ No. Specify each creditor, including this creditor, and its relative priority. _____ _____ ☐ Yes. The relative priority of creditors is specified on lines: _____	**Describe debtor's property that is subject to a lien** ALL EQUIPMENT, AND ALL MODIFICATIONS, ACCESSIONS, ATTACHMENTS, REPLACEMENTS AND RTY AND WESTLAKE SURGICAL, L.P. AS DEBTOR. **Describe the lien** UCC-1 RECORDED IN STATE OF TEXAS 10/12/2022 AS DOCUMENT NO. 220050142905 **Is the creditor an insider or related party?** ☑ No ☐ Yes **Is anyone else liable on this claim?** ☐ No ☑ Yes. Fill out Schedule H: Codebtors (Official Form 206H). **As of the petition filing date, the claim is:** Check all that apply. ☑ Contingent ☑ Unliquidated ☐ Disputed	UNDETERMINED	UNDETERMINED
2.15.	**Creditor's name and address** DELL FINANCIAL SERVICE PO BOX 5292 CAROL STREAM IL 60197 **Creditor's email address, if known** _____ **Date debt was incurred:** _____ **Last 4 digits of account number:** **Do multiple creditors have an interest in the same property?** ☑ No ☐ Yes. Have you already specified the relative priority? ☐ No. Specify each creditor, including this creditor, and its relative priority. _____ _____ ☐ Yes. The relative priority of creditors is specified on lines: _____	**Describe debtor's property that is subject to a lien** LEASED EQUIPMENT **Describe the lien** _____ **Is the creditor an insider or related party?** ☑ No ☐ Yes **Is anyone else liable on this claim?** ☑ No ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H). **As of the petition filing date, the claim is:** Check all that apply. ☐ Contingent ☐ Unliquidated ☑ Disputed	$43,151.52	UNDETERMINED

2.16. **Creditor's name and address**

EASTERN FUNDING LLC
213 W 35TH ST STE 2W
NEW YORK NY 10001

Creditor's email address, if known

_____

Date debt was incurred: 4/7/2023

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

A PURCHASE MONEY SECURITY INTEREST IN CERTAIN ASSETS

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 04/07/2023 AS DOCUMENT NO. 230015451809

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☑ Unliquidated

☐ Disputed

UNDETERMINED UNDETERMINED

2.17. **Creditor's name and address**

FCS ADVISORS LLC
441 9TH AVE FL 20
NEW YORK NY 10001

Creditor's email address, if known

_____

Date debt was incurred: 12/13/2022

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

ALL OF DEBTORS NOW OWNED AND HEREAFTER ACQUIRED ACCOUNTS AND PROCEEDS THEREOF OW AMOUNTS RELATING TO, ARISING UNDER OR IN CONNECTION WITH SUCH ACCOUNTS.

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 12/13/2022 AS DOCUMENT NO. 220059870639

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☑ Unliquidated

☐ Disputed

UNDETERMINED UNDETERMINED

2.18. **Creditor's name and address**

FLEX FINANCIAL
A DIVISION OF STRYKER SALES CORPORATION
1901 ROMENCE ROAD PKWY
PORTAGE MI 49002

Creditor's email address, if known

_____

Date debt was incurred: 2/6/2020

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

ALL EQUIPMENT LEASED OR FINANCED BY SECURED PARTY TO OR FOR DEBTOR PURSUANT TO S ING LEASE NUMBER 0010098162.

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 02/06/2020 AS DOCUMENT NO. 200005198095

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☑ Disputed

$145,410.94 UNDETERMINED

2.19. **Creditor's name and address**

HOSPITAL INVESTMENT FUND
HIF N/P
MICHAEL WELCH
3003 BEE CAVES RD
AUSTIN TX 78746

Creditor's email address, if known

_____

Date debt was incurred: _____

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

_____

Describe the lien

_____

Is the creditor an insider or related party?

☐ No

☑ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☑ Disputed

$850,000.00 UNDETERMINED

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.20. **Creditor's name and address**

LENDSPARK CORP.
JOHN PORCELLO
1407 BROADWAY
29TH FL
NEW YORK NY 10018

Creditor's email address, if known

_____

Date debt was incurred: 12/16/2022

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

CERTAIN EQUIPMENT

Describe the lien

_____

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☑ Disputed

$622,313.00 UNDETERMINED

2.21. **Creditor's name and address**

M&T BANK CORPORATION
1 M&T PLZ
BUFFALO NY 14203

Creditor's email address, if known

_____

Date debt was incurred: 4/28/2023

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

ALL EQUIPMENT, PERIPHERALS AND ANY AND ALL INVENTORY (COLLECTIVELY "EQUIPMENT") SUCH TIME AS LESSOR RECEIVES PAYMENT OF THE FULL PURCHASE PRICE FROM LESSEE.

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 04/28/2023 AS DOCUMENT NO. 230018700889

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☑ Unliquidated

☐ Disputed

UNDETERMINED UNDETERMINED

2.22. **Creditor's name and address**

MED ONE CAPITAL FUNDING - TEXAS, L.P.
10712 S 1300 E
SANDY UT 84094

Creditor's email address, if known

_____

Date debt was incurred: 7/11/2013

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

_____ UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 07/11/2013 AS DOCUMENT NO. 130022302588 AND AS CONTINUED 06/01/2018 AND 05/17/2023 AS DOCUMENT NOS. 1800191774 AND 2300217726

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☑ Unliquidated

☐ Disputed

2.23. **Creditor's name and address**

MED ONE CAPITAL FUNDING, LLC
10712 S 1300 E
SANDY UT 84094

Creditor's email address, if known

_____

Date debt was incurred: 12/18/2014

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

_____ UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 12/18/2014 AS DOCUMENT NO. 140039669452 AND AS CONTINUED 11/14/2019 AS DOCUMENT NO. AND 900431049

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☑ Unliquidated

☐ Disputed

2.24. **Creditor's name and address**

MED ONE CAPITAL FUNDING, LLC
10712 S 1300 E
SANDY UT 84094

Creditor's email address, if known

_____

Date debt was incurred: 7/11/2013

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

_____ UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 07/11/2013 AS DOCUMENT NO. 130022302588 AND AS CONTINUED 06/01/2018 AND 5/17/2023 AS DOCUMENT NOS. 1800191774 AND 2300217726

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☑ Unliquidated

☐ Disputed

2.25. **Creditor's name and address**

MOVEDOCS.COM, LLC
6325 S JONES BLVD STE 400
LAS VEGAS NV 89118

Creditor's email address, if known

_____

Date debt was incurred: 9/22/2022

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

ANY AND ALL ACCOUNTS RECEIVABLE OF DEBTOR, AND ANY INCOME DERIVED THEREFROM RELA LLATERAL MAY BE OBTAINED FROM THE SECURED PARTY. UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 09/22/2022 AS DOCUMENT NO. 220046922219

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☑ Unliquidated

☐ Disputed

2.26. **Creditor's name and address**

NFS LEASING, INC.
900 CUMMINGS CTR
STE 226-U
BEVERLY MA 01915

Creditor's email address, if known

_____

Date debt was incurred: 4/28/2023

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

_____

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 04/28/2023 AS DOCUMENT NO. 230018700889

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☑ Unliquidated

☐ Disputed

UNDETERMINED UNDETERMINED

2.27. **Creditor's name and address**

NORTH STAR LEASING
A DIVISION OF PEOPLES BANK
PO BOX 4505
BURLINGTON VT 05406

Creditor's email address, if known

_____

Date debt was incurred: 11/22/2022

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

1) SUMMER BODY MULTIWAVE 7 RED LIGHT BED INCLUDING WAVELENGTHS 525, 660, 810, 85 0, 940 NM

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 11/22/2022 AS DOCUMENT NO. 220056875247

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☑ Disputed

UNDETERMINED UNDETERMINED

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.28. **Creditor's name and address**

OLYMPUS AMERICA INC
3500 CORPORATE PKWY
CENTER VALLEY PA 18034

Creditor's email address, if known

_____

Date debt was incurred: 4/2/2018

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

EXHIBIT A EQUIPMENT:SELLER/SUPPLIER: OLYMPUS AMERICA INC.QUOTE NUMBER: Q-00504 IAL CODE.

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 04/02/2018 AS DOCUMENT NO. 180011129427 AND AS CONTINUED 03/30/2023 AS DOCUMENT NO. 2300140844

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☑ Unliquidated

☐ Disputed

UNDETERMINED UNDETERMINED

2.29. **Creditor's name and address**

OLYMPUS AMERICA INC
3500 CORPORATE PKWY
CENTER VALLEY PA 18034

Creditor's email address, if known

_____

Date debt was incurred: 4/2/2018

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

SELLER/SUPPLIER: OLYMPUS AMERICA INC.QUOTE NUMBER: Q-00489522 QUANTITY MODEL N ENTION TO CREATE A SECURITY INTEREST UNDER THE UNIFORM COMMERCIAL CODE.

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 04/02/2018 AS DOCUMENT NO. 180011131844 AND AS CONTINUED 03/30/2023 AS DOCUMENT NO. 2300140843

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☑ Unliquidated

☐ Disputed

UNDETERMINED UNDETERMINED

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.30. **Creditor's name and address**

OLYMPUS AMERICA INC
3500 CORPORATE PKWY
CENTER VALLEY PA 18034

Creditor's email address, if known

_____

Date debt was incurred: 3/5/2019

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

THREE (3) CYF-VH CYF-VH HD FLEX CYSTONEPHRO VIDEOSCOPE THREE (3) WA05991A WA059 ORIES THERETO AND PROCEEDS THEREOF, NOW OWNED OR HEREAFTER ACQUIRED.

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 03/05/2019 AS DOCUMENT NO. 90007769372

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☑ Unliquidated

☐ Disputed

UNDETERMINED UNDETERMINED

2.31. **Creditor's name and address**

PARADIGM CAPITAL LLC
PO BOX 907
KAYSVILLE UT 84037

Creditor's email address, if known

_____

Date debt was incurred: 5/24/2021

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

_____

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 05/24/2021 AS DOCUMENT NO. 210021495791 AND AS AMENDED 07/15/2021 AS DOCUMENT NO. 00301840

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☑ Unliquidated

☐ Disputed

UNDETERMINED UNDETERMINED

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.32. **Creditor's name and address**

PARADIGM CAPITAL LLC
PO BOX 907
KAYSVILLE UT 84037

Creditor's email address, if known

_____

Date debt was incurred: 7/29/2021

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

_____ UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 07/29/2021 AS DOCUMENT NO. 210032835246

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☑ Unliquidated

☐ Disputed

2.33. **Creditor's name and address**

PARADIGM CAPITAL LLC
PO BOX 907
KAYSVILLE UT 84037

Creditor's email address, if known

_____

Date debt was incurred: 7/30/2021

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

_____ UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 07/30/2021 AS DOCUMENT NO. 210032908722

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☑ Unliquidated

☐ Disputed

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.34. **Creditor's name and address**

PARADIGM CAPITAL LLC
PO BOX 907
KAYSVILLE UT 84037

Creditor's email address, if known

_____

Date debt was incurred: 8/9/2021

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

_____ UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 08/09/2021 AS DOCUMENT NO. 210034605687

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☑ Unliquidated

☐ Disputed

2.35. **Creditor's name and address**

PARADIGM CAPITAL LLC
PO BOX 907
KAYSVILLE UT 84037

Creditor's email address, if known

_____

Date debt was incurred: 2/10/2022

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

_____ UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 02/10/2022 AS DOCUMENT NO. 220007733327

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☑ Unliquidated

☐ Disputed

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.36. **Creditor's name and address**

PARADIGM EQUIPMENT FINANCE
124 S. FAIRFIELD RD.
STE A
LAYTON UT 84041

Creditor's email address, if known

_____

Date debt was incurred: _____

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

LEASED EQUIPMENT

Describe the lien

_____

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☑ Disputed

$327,998.06 UNDETERMINED

2.37. **Creditor's name and address**

SAMSON MCA, LLC
JOHN PORCELLO
1407 BROADWAY
29TH FL
NEW YORK NY 10018

Creditor's email address, if known

_____

Date debt was incurred: _____

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

_____

Describe the lien

_____

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☑ Disputed

$466,020.00 UNDETERMINED

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.38. **Creditor's name and address**

TVT 20 LLC
TVT LOAN MCA 17071
JOHN PORCELLO
1407 BROADWAY
29TH FL
NEW YORK NY 10018

Creditor's email address, if known

_____

Date debt was incurred: 10/14/2022

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

_____ $681,948.69 UNDETERMINED

Describe the lien

_____

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☑ Disputed

2.39. **Creditor's name and address**

TVT 20 LLC
TVT LOAN MCA 17248
JOHN PORCELLO
1407 BROADWAY
29TH FL
NEW YORK NY 10018

Creditor's email address, if known

_____

Date debt was incurred: 10/14/2022

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

_____ $569,510.13 UNDETERMINED

Describe the lien

_____

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☑ Disputed

2.40. **Creditor's name and address**

US FOODS, INC.
9399 W HIGGINS RD
ROSEMONT IL 60018

Creditor's email address, if known

_____

Date debt was incurred: 4/10/2023

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☑ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

TO SECURE THE FULL AND TIMELY PAYMENT BY APPLICANT TO SELLER OF ALL AMOUNTS DUE PRODUCTS OF ANY OF THEM.

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 04/10/2023 AS DOCUMENT NO. 230015623527

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☑ Disputed

$46,355.26 UNDETERMINED

2.41. **Creditor's name and address**

WESTRISE LLC
3003 BEE CAVES RD
AUSTIN TX 78746

Creditor's email address, if known

_____

Date debt was incurred: 12/3/2020

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☐ No

☑ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☑ Yes. The relative priority of creditors is specified on lines: 2.13

Describe debtor's property that is subject to a lien

ALL ASSETS

Describe the lien

UCC-1 RECORDED IN STATE OF TEXAS 12/3/2020 AS DOCUMENT NO. 200060063532 AND AS AMENDED 05/24/2021 AS DOCUMENT NO. 2200596529

Is the creditor an insider or related party?

☐ No

☑ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☑ Disputed

$9,085,797.69 UNDETERMINED

2.42.	**Creditor's name and address** XEROX FINANCIAL SERVICES 201 MERRITT 7 NORWALK CT 06851 **Creditor's email address, if known** _____ **Date debt was incurred:** 1/3/2020 **Last 4 digits of account number:** **Do multiple creditors have an interest in the same property?** ☑ No ☐ Yes. Have you already specified the relative priority? ☐ No. Specify each creditor, including this creditor, and its relative priority. _____ _____ ☐ Yes. The relative priority of creditors is specified on lines: _____	**Describe debtor's property that is subject to a lien** C3601 - NEW - AA2J011000387C458 - NEW - A79M011049212P3055DN - NEW - VG4944931 A TRUE LEASE OF PERSONAL PROPERTY. **Describe the lien** UCC-1 RECORDED IN STATE OF TEXAS 01/03/2020 AS DOCUMENT NO. 200000243293 **Is the creditor an insider or related party?** ☑ No ☐ Yes **Is anyone else liable on this claim?** ☑ No ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H). **As of the petition filing date, the claim is:** Check all that apply. ☐ Contingent ☐ Unliquidated ☑ Disputed	$19,576.72	UNDETERMINED

3.	**Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**	**$18,383,938.18**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

	Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
3.1.	ALLIANCE FUNDING GROUP 17542 17TH STREET #200 TUSTIN CA 92780	Line 2.14	_____
3.2.	BREVET CAPITAL ADVISORS 441 NINTH AVENUE 20TH FLOOR NEW YORK NY 10001	Line 2.5	_____
3.3.	CAP CITY NY (RELATED TO MAD SCIENCE LABORATORIES LLC) 1135 KANE CONCOURSE 6TH FLOOR BAY HARBOR ISLAND FL 33154	Line 2.6	_____

3.4.	CAP CITY NY (RELATED TO MAD SCIENCE LABORATORIES LLC) 1135 KANE CONCOURSE 6TH FLOOR BAY HARBOR ISLAND FL 33154	Line 2.7	_____
3.5.	CENTRA FUNDING, LLC/INTEGRATION PARTNERS CORPORATION 12 HARTWELL AVE LEXINGTON MA 02421	Line 2.8	_____
3.6.	FOLEY & LARDNER LLP ALISSA M. NANN 90 PARK AVENUE NEW YORK NY 10016	Line 2.13	_____
3.7.	FOLEY & LARDNER LLP EDWARD J. GREEN 321 NORTH CLARK STREET SUITE 3000 CHICAGO IL 60654-4762	Line 2.13	_____
3.8.	FOLEY & LARDNER LLP JAKE W. GORDON 500 WOODWARD AVENUE SUITE 2700 DETROIT MI 48226-3489	Line 2.13	_____
3.9.	HOLLAND & KNIGHT LLP ERIC J. TAUBE; MARK TAYLOR 100 CONGRESS AVE SUITE 1800 AUSTIN TX 78701	Line 2.41	_____
3.10.	HOLLAND & KNIGHT LLP MARK C TAYLOR 100 CONGRESS AVE.,STE 1800 AUSTIN TX 78701	Line 2.41	_____
3.11.	HOLLAND & KNIGHT LLP WILLIAM R "TRIP" NIX 100 CONGRESS AVE.,STE 1800 AUSTIN TX 78701	Line 2.41	_____
3.12.	PALMER LEHMAN SANDBERG, PLLC LARRY CHEK 8350 N. CENTRAL EXPRESSWAY SUITE 1111 DALLAS TX 75206	Line 2.1	_____
3.13.	TVT CAPITAL, LLC/LENDSPARK 2554 GATEWAY RD CARLSBAD CA 92009	Line 2.9	_____
3.14.	TVT CAPITAL, LLC/LENDSPARK 2554 GATEWAY RD CARLSBAD CA 92009	Line 2.10	_____

Fill in this information to identify the case:

Debtor name: Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center

United States Bankruptcy Court for the: Western District of Texas

Case number (if known): 23-10747

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G) .Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☑ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1.

Priority creditor's name and mailing address

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS
PO BOX 13528
AUSTIN TX 78711-3528

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☑ Disputed

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (8)

Basis for the claim:

FRANCHISE TAX

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$194,222.68	$194,222.68

Nonpriority amount
$0.00

2.2.

Priority creditor's name and mailing address

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS
PO BOX 13528
AUSTIN TX 78711-3528

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☑ Disputed

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (8)

Basis for the claim:

SALES & USE TAX

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$31.00	$31.00

Nonpriority amount
$0.00

2.3. **Priority creditor's name and mailing address**

TRAVIS COUNTY TAX OFFICE
BRUCE ELFANT, TAX COLLECTOR
PO BOX 149328
AUSTIN TX 78714

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☑ Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$88,756.00	$88,756.00

Nonpriority amount
$0.00

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. **List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.1.	.AGGREGATE POTENTIAL LIABILITY RELATING TO LITIGATION CLAIMS LISTED HEREIN AS "UNDETERMINED"	☑ Contingent ☑ Unliquidated ☑ Disputed	$2,576,598.29
	Date or dates debt was incurred VARIOUS	**Basis for the claim:** LITIGATION	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	
3.2.	**Nonpriority creditor's name and mailing address** .SEE, ATTACHMENT 1, SCHEDULE F, PART 2, NO. 3, NON-PRIORITY UNSECURED CLAIMS, PATIENT REFUNDS	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☑ Disputed	**Amount of claim** $763,395.48
	Date or dates debt was incurred VARIOUS	**Basis for the claim:** PATIENT REFUNDS	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☐ No ☑ Yes	
3.3.	**Nonpriority creditor's name and mailing address** 3003 BEE CAVES PARTNERSHIP LP 3003 BEE CAVES RD. AUSTIN TX 78746	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☑ Unliquidated ☐ Disputed	**Amount of claim** UNDETERMINED
	Date or dates debt was incurred VARIOUS	**Basis for the claim:** AFFILIATE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☐ No ☑ Yes	

3.4. **Nonpriority creditor's name and mailing address**

4-WEB INC
2801 NETWORK BLVD STE 620
FRISCO TX 75034

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$148,780.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.5. **Nonpriority creditor's name and mailing address**

5TH VITAL AUSTIN HEALTHCARE LLC
3003 BEE CAVES ROAD
STE 205
AUSTIN TX 78746

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

VARIOUS

Basis for the claim:

AFFILIATE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☐ No
☑ Yes

3.6. **Nonpriority creditor's name and mailing address**

5TH VITAL AUSTIN HEALTHCARE LLC
3003 BEE CAVES ROAD
STE 205
AUSTIN TX 78746

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

12/9/2022

Basis for the claim:

NOTE PAYABLE FOR PURCHASE OF ASSETS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.7. **Nonpriority creditor's name and mailing address**

626 HOLDINGS, LLC.
1225 BROKEN SOUND PKWY NW
STE A
BOCA RATON FL 33487

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$20,830.78

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.8. **Nonpriority creditor's name and mailing address**

A TO Z CALL CENTER SERVICES, LP
217 SANGIOVESE STREET
LEANDER TX 78641

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$6,465.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.9. **Nonpriority creditor's name and mailing address**

A+ MEDICAL COMAPNY INC
1439 DAVE LYLE
SUITE #15
ROCKHILL SC 29732

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$1,035.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.10. **Nonpriority creditor's name and mailing address**

ABBOTT LABORATORIES INC 1000015727
22400 NETWORK PLACE
CHICAGO IL 60673

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$190,955.49

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.11. **Nonpriority creditor's name and mailing address**

ABBOTT LABORATORIES INC 55089841
PO BOX 92679
CHICAGO IL 60675

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$4,073.72

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.12. **Nonpriority creditor's name and mailing address**

ABBOTT NUTRITION
75 REMITTANCE DR.
#1310
CHICAGO IL 60675

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$10.34

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.13.	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**Amount of claim**
	ABBOTT VASCULAR DEVICES 75 REMITTANCE DR SUITE1138 CHICAGO IL 60675	☐ Contingent ☑ Unliquidated ☐ Disputed	$8,746.50
	Date or dates debt was incurred VARIOUS	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.14.	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**Amount of claim**
	ABC HOME & COMMERCIAL SERVICE 9475 E HWY 290 AUSTIN TX 78724	☐ Contingent ☑ Unliquidated ☐ Disputed	$2,495.13
	Date or dates debt was incurred VARIOUS	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.15.	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**Amount of claim**
	ABMS SOLUTIONS, LLC 26146 NETWORK PLACE CHICAGO IL 60673	☐ Contingent ☑ Unliquidated ☐ Disputed	$2,695.00
	Date or dates debt was incurred VARIOUS	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.16. **Nonpriority creditor's name and mailing address**

ACADEMY OF NUTRITION & DIETETICS - GENERAL ACCT
PO BOX 97215
P.O. BOX 97215
CHICAGO IL 60607

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$573.00

3.17. **Nonpriority creditor's name and mailing address**

ACADIAN AMBULANCE SERVICES
PO BOX 92970
LAFAYETTE LA 70509

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$8,521.83

3.18. **Nonpriority creditor's name and mailing address**

ACADIAN MEDICAL CONSULTANTS
9029 JEFFERSON HWY. STE.D181
NEW ORLEANS LA 70123

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$9,550.67

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.19.	ACCESS MEDICAL 10440 BELGA DRIVE SAN ANTONIO TX 78240	☐ Contingent ☑ Unliquidated ☐ Disputed	$1,825.60
	Date or dates debt was incurred VARIOUS	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.20.	ACCESS PHYSICIANS MANAGEMENT SERVICES ORGANIZATION 1717 MAIN ST STE5850 DALLAS TX 75201	☐ Contingent ☑ Unliquidated ☐ Disputed	$4,980.00
	Date or dates debt was incurred VARIOUS	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.21.	ACCESS TELECARE, LLC LOCKBOX#785667 PO BOX 785667 75201	☐ Contingent ☑ Unliquidated ☐ Disputed	$13,695.00
	Date or dates debt was incurred VARIOUS	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.22. **Nonpriority creditor's name and mailing address**

ACCLARENT, INC.
16888 COLLECTION CENTER DRIVE
CHICAGO IL 60693

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$65,742.63

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.23. **Nonpriority creditor's name and mailing address**

ACUITY SURGICAL DEVICES, LLC.
8710 N ROYAL LN
IRVING TX 75063

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$17,580.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.24. **Nonpriority creditor's name and mailing address**

ACUSIS, LLC
PO BOX 951107
CLEVELAND OH 44193

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$607.53

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.25. **Nonpriority creditor's name and mailing address**

ADMIN AMERICA INC
1720 WINDWARD CONCOURSE
SUITE 290
ALPHARETTA GA 30005

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,889.03

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.26. **Nonpriority creditor's name and mailing address**

ADP SCREENING & SELECTION SERVICES
PO BOX 645177
CINCINNATI OH 45264

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$676.93

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.27. **Nonpriority creditor's name and mailing address**

ADP, INC
POB 78415
PHOENIX AZ 85062

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,301.46

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.28. **Nonpriority creditor's name and mailing address**

ADRIAN EDISON
2346 COMAL SPRINGS
CANYON LAKE TX 78133

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,997.50

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.29. **Nonpriority creditor's name and mailing address**

AESCULAP INC.
PO BOX 780426
PHILADELPHIA PA 19178

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$257.53

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.30. **Nonpriority creditor's name and mailing address**

AGILITI SURGICAL EQUIPMENT REPAIR, INC
PO BOX 856526
MINNEAPOLIS MN 55485

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,370.70

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.31. **Nonpriority creditor's name and mailing address**

AGS HEALTH LLC
PO BOX 824788
PHILADELPHIA PA 19182

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$19,396.87

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.32. **Nonpriority creditor's name and mailing address**

AHC MEDIA
111 CORNING ROAD
SUITE 250
CARY NC 27518

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$349.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.33. **Nonpriority creditor's name and mailing address**

AIRGAS USA, LLC
PO BOX 734671
DALLAS TX 75373

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$8,757.62

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.34. **Nonpriority creditor's name and mailing address**

AIV INC
7485 SHIPLEY AVENUE
HARMANS MD 21077

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$603.84

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.35. **Nonpriority creditor's name and mailing address**

ALCON LABORATORIES, INC.
6201 SOUTH FWY
FORT WORTH TX 76134

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$312.58

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.36. **Nonpriority creditor's name and mailing address**

ALERE NORTH AMERICA LLC
PO BOX 846153
BOSTON MA 02284

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$3,924.32

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.37. **Nonpriority creditor's name and mailing address**

ALIMED, INC.
ACCOUNTS RECEIVABLE
PO BOX 206417
DALLAS TX 75320

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$535.18

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.38. **Nonpriority creditor's name and mailing address**

ALLEGIANCE MOBILE HEALTH
PO BOX 4320
HOUSTON TX 77210

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$4,045.12

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.39. **Nonpriority creditor's name and mailing address**

ALLEN MEDICAL SYSTEMS, INC.
1069 STATE ROUTE 46E
BATESVILLE IN 47006

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,137.86

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.40. **Nonpriority creditor's name and mailing address**

ALLERGAN USA INC.
2525 DUPONT DR
IRVINE CA 92612

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

UNDETERMINED

3.41. **Nonpriority creditor's name and mailing address**

ALLIANCE SERVICES, INC.
UNKNOWN

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$689.12

3.42. **Nonpriority creditor's name and mailing address**

ALLISON PEREZ-COATS
2301 S MO PAC EXPY
APT 616
AUSTIN TX 78746

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$2,111.89

3.43. **Nonpriority creditor's name and mailing address**

ALLOSOURCE
6278 S TROY CIRCLE
CENTENNIAL CO 80111

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$877.17

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.44. **Nonpriority creditor's name and mailing address**

ALLSCRIPTS HEALTHCARE LLC
222 MERCHANDISE MART PLZ
CHICAGO IL 60654

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.45. **Nonpriority creditor's name and mailing address**

AMAZON.COM
410 TERRY AVE N
SEATTLE WA 98109

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$224.72

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.46. **Nonpriority creditor's name and mailing address**

AMENDIA, INC.
1755 WEST OAK PARKWAY
MARIETTA GA 30062

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$5,263.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.47. **Nonpriority creditor's name and mailing address**

AMERICAN ACADEMY OF NURSE PRACTITIONERS
2600 VIA FORTUNA STE 240
AUSTIN TX 78746

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$80.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.48. **Nonpriority creditor's name and mailing address**

AMERICAN HIFU ONE LLC
9010 STRADA STELL CT. 103
NAPLES FL 34109

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$42,000.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.49. **Nonpriority creditor's name and mailing address**

AMERICAN PROFICIENCY INSTITUTE
DEPARTMENT 9526
PO BOX 30516
LANSING MI 48909

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$3,621.81

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.50. **Nonpriority creditor's name and mailing address**

AMERISOURCE RECEIVABLES FINANCIAL CORPORATION
1300 MORRIS DR
CHESTERBROOK PA 19087

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$56,150.71

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.51. **Nonpriority creditor's name and mailing address**

AMN HEALTHCARE ALLIED
PO BOX 281939
ATLANTA GA 30384

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$52,001.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.52. **Nonpriority creditor's name and mailing address**

AMNIOX MEDICAL, INC
2849 PACES FERRY RD STE . 750
ATLANTA GA 30339

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,695.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.53. **Nonpriority creditor's name and mailing address**

AMTEC MEDICAL, INC.
PO BOX 341882
AUSTIN TX 78734

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$258.69

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.54. **Nonpriority creditor's name and mailing address**

ANGELICA CORPORATION
PO BOX 532268
ATLANTA GA 30353

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,690.03

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.55. **Nonpriority creditor's name and mailing address**

APEX BATTERY.COM
4500 ARVILLE ST
LAS VEGAS NV 89103

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$66.70

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.56. **Nonpriority creditor's name and mailing address**

APOSTOLAKIS MD, LOUIS W
4407 BEE CAVES RD BUILDING 3
SUITE 321,
AUSTIN TX 78746

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$256.64

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.57. **Nonpriority creditor's name and mailing address**

APPLIED STATISTICS & MANAGEMENT, INC
PO BOX 2738
TEMECULA CA 92593

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$23,750.06

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.58. **Nonpriority creditor's name and mailing address**

APRIL SCIALLY-MILLIN
125 PROCLAMATION AVE
LIBERTY HILL TX 78642

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$650.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.59. **Nonpriority creditor's name and mailing address**

AQUITY SOLUTIONS LLC
125 EDINBURGH SOTH DR
STE 310
CARY NC 27511

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$5,809.32

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.60. **Nonpriority creditor's name and mailing address**

ARISE ANESTHESIA GROUP
UNKNOWN

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

VARIOUS

Basis for the claim:

AFFILIATE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☐ No
☑ Yes

3.61. **Nonpriority creditor's name and mailing address**

ARISE HEALTHCARE SYSTEM, LLC D/B/A
AUSTIN ARISE MEDICAL CENTER
3003 BEE CAVES ROAD
AUSTIN TX 78746

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$101,288.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

AFFILIATE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☐ No
☑ Yes

3.62. **Nonpriority creditor's name and mailing address**

ARISE MEDICAL GROUP
CT CORP-REG. AGENT
3003 BEE CAVES RD
AUSTIN TX 78746

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

VARIOUS

Basis for the claim:

AFFILIATE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☐ No
☑ Yes

3.63. **Nonpriority creditor's name and mailing address**

ARROW INTERNATIONAL, INC.
PO BOX 60519
CHARLOTTE NC 28260

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$216.50

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.64. **Nonpriority creditor's name and mailing address**

ART3D.COM
4991 W GEOSPACE DR
INDEPENDENCE MO 64056

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,199.99

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.65. **Nonpriority creditor's name and mailing address**

ARTESIA GENERAL HOSPITAL
DEPT. CH 14412
PALATINE IL 60055

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$140.21

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.66. **Nonpriority creditor's name and mailing address**

ARTHREX
PO BOX 403511
ATLANTA GA 30384

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$26,928.68

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.67. **Nonpriority creditor's name and mailing address**

ASHA
P. O. BOX 23220
SAN DIEGO CA 92193

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$701.64

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.68. **Nonpriority creditor's name and mailing address**

ASHE AHA
PO BOX 75315
CHICAGO IL 60675

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$150.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.69. **Nonpriority creditor's name and mailing address**

ASPEN SURGICAL PRODUCTS, INC.
3998 RELIABLE PARKWAY
CHICAGO IL 60686

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$421.38

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.70. **Nonpriority creditor's name and mailing address**

ASSURE NEUROMONITORING TEXAS, LLC
7887 E. BELLEVIEW AVE
SUITE 500
GREENWOOD VILLIAGE CO 80111

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$450.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.71. **Nonpriority creditor's name and mailing address**

ATC HEALTHCARE SERVICES, LLC
75 REMITTANCE DRIVE DEPT 6773
CHICAGO IL 60675

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$148.75

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.72. **Nonpriority creditor's name and mailing address**

ATLAS MEDSTAFF
11506 NICHOLAS ST
STE 105
OMAHA NE 68154

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$15,021.25

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.73.	**Nonpriority creditor's name and mailing address** ATTILA ARISE INVESTOR, LLC 1999 BRYAN STREET STE 900 DALLAS TX 75201-3140	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☑ Unliquidated ☐ Disputed	**Amount of claim** UNDETERMINED
	Date or dates debt was incurred VARIOUS	**Basis for the claim:** AFFILIATE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☐ No ☑ Yes	
3.74.	**Nonpriority creditor's name and mailing address** ATTILA GP INVESTOR, LLC 1999 BRYAN STREET STE 900 DALLAS TX 75201-3140	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☑ Unliquidated ☐ Disputed	**Amount of claim** UNDETERMINED
	Date or dates debt was incurred VARIOUS	**Basis for the claim:** AFFILIATE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☐ No ☑ Yes	
3.75.	**Nonpriority creditor's name and mailing address** ATTILA LLC 4935 MCCONNELL AVE UNIT # 4 LOS ANGELES CA 90066	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☑ Unliquidated ☐ Disputed	**Amount of claim** $735,269.00
	Date or dates debt was incurred VARIOUS	**Basis for the claim:** AFFILIATE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☐ No ☑ Yes	

3.76. **Nonpriority creditor's name and mailing address**

ATTILA LP INVESTOR, LLC
1999 BRYAN STREET
STE 900
DALLAS TX 75201-3140

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Basis for the claim:

AFFILIATE PAYABLE

Is the claim subject to offset?

- ☐ No
- ☑ Yes

Amount of claim

UNDETERMINED

3.77. **Nonpriority creditor's name and mailing address**

ATTILA TEXAS MANAGEMENT, LLC
1999 BRYAN STREET
STE 900
DALLAS TX 75201-3140

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Basis for the claim:

AFFILIATE PAYABLE

Is the claim subject to offset?

- ☐ No
- ☑ Yes

Amount of claim

UNDETERMINED

3.78. **Nonpriority creditor's name and mailing address**

AUS-TEL COMMUNICATIONS, LLC.
2605 SILVER VLY LN
GEORGETOWN TX 78626

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$178.61

3.79. **Nonpriority creditor's name and mailing address**

AUSTEX DELIVERIES
2807 CAMERON LOOP #24
AUSTIN TX 78745

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$40.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.80. **Nonpriority creditor's name and mailing address**

AUSTIN AMERICAN-STATESMAN
DEPT. 0661
PO BOX 120661
DALLAS TX 75312

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,425.78

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.81. **Nonpriority creditor's name and mailing address**

AUSTIN AMERICAN-STATESMAN
DEPT. 0661
PO BOX 120661
DALLAS TX 75312

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,372.80

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.82. **Nonpriority creditor's name and mailing address**

AUSTIN ARCHITECTURAL GRAPHICS, INC.
1406 E. 5TH ST.
AUSTIN TX 78702

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,073.84

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.83. **Nonpriority creditor's name and mailing address**

AUSTIN COUNTRY CLUB
4408 LONG CHAMP DRIVE
AUSTIN TX 78746

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$15,640.24

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.84. **Nonpriority creditor's name and mailing address**

AUSTIN EXPRESS COURIERS
PO BOX 144861
AUSTIN TX 78714

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$21,248.25

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.85. **Nonpriority creditor's name and mailing address**

AUSTIN FACILITY SERVICE
2714 BEE CAVE RD
STE 204
AUSTIN TX 78746

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$2,289.49

3.86. **Nonpriority creditor's name and mailing address**

AUSTIN JAVA COFFEE COMPANY
DRIPPING SPRINGS PO 1450 W HWY 290
PO BOX 173
DRIPPING SPRINGS TX 78620

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$4,019.50

3.87. **Nonpriority creditor's name and mailing address**

AUSTIN MEDICAL GROUP, PLLC
12201 RENFERT WAY
SUITE 315
AUSTIN TX 78758

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$2,563.89

3.88. **Nonpriority creditor's name and mailing address**

AUSTIN NUCLEAR PHARMACY SERVICES
PO BOX 690626
SAN ANTONIO TX 78269

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$6,693.40

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.89. **Nonpriority creditor's name and mailing address**

AUSTIN PUBLIC HEALTH
PO BOX 2920
AUSTIN TX 78768

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$632.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.90. **Nonpriority creditor's name and mailing address**

AUSTIN RADIOLOGICAL ASSOCIATION
PO BOX 4099
AUSTIN TX 78765

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$14,440.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.91. **Nonpriority creditor's name and mailing address**

AUSTIN RADIOLOGICAL ASSOCIATION
PO BOX 4099
AUSTIN TX 78765

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$3,041.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.92. **Nonpriority creditor's name and mailing address**

AVANOS MEDICAL INC.
5405 WINDWARD PKWY STE 100 SOUT
ALPHARETTA GA 30004

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,110.88

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.93. **Nonpriority creditor's name and mailing address**

AXOGEN CORPORATION
DEPT 3830
PO BOX 123830
DALLAS TX 75312

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$10,480.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.94. **Nonpriority creditor's name and mailing address**

BARNETT & GARCIA PLLC
3821 JUNIPER TRACE STE 108
AUSTIN TX 78738

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$19,431.99

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.95. **Nonpriority creditor's name and mailing address**

BAXTER HEALTHCARE CORP.
PO BOX 730531
DALLAS TX 75373

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$142.13

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.96. **Nonpriority creditor's name and mailing address**

BAYER HEALTHCARE
PO BOX 360172
PITTSBURGH PA 15251

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$377.14

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.97. **Nonpriority creditor's name and mailing address**

BC GROUP INTERNATIONAL, INC
3081 ELM PT INDUSTRIAL DR
ST. CHARLES MO 63301

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$323.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.98. **Nonpriority creditor's name and mailing address**

BEAVER-VISITEC INTERNATIONAL
411 WAVERLY OAKS ROAD
WALTHAM MA 02452

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$123.19

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.99. **Nonpriority creditor's name and mailing address**

BECKMAN COULTER, INC.
250 SOUTH KRAEMER BLV
BREA CA 92821

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$239.50

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.100. **Nonpriority creditor's name and mailing address**

BECKWITH ELECTRONIC SYSTEMS LLC
1620A GRAND AVENUE PARKWAY
PFLUGERVILLE TX 78660

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$460.87

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.101. **Nonpriority creditor's name and mailing address**

BENNU CLINICS, LLC
4719 S CONGRESS AVE
AUSTIN TX 78745

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,400.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.102. **Nonpriority creditor's name and mailing address**

BEST PLUMBING SPECIALTIES INC
PO BOX 750
MYERSVILLE MD 21773

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$477.14

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.103. **Nonpriority creditor's name and mailing address**

BIMINI HEALTH TECH
420 STEVENS AVE
STE 220
SOLANA BEACH CA 92075

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$6,573.73

3.104. **Nonpriority creditor's name and mailing address**

BIOFUSION MEDICAL TECHNOLOGIES
RYLAN REED
2101 E ST ELMO RD
BLDG 1 STE 100
AUSTIN TX 78744

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☑ Contingent
- ☐ Unliquidated
- ☑ Disputed

Basis for the claim:

JUDGMENT CREDITOR

Is the claim subject to offset?

- ☐ No
- ☑ Yes

Amount of claim

$550,000.00

3.105. **Nonpriority creditor's name and mailing address**

BIOMEDICAL REPAIR & CONSULTING SERVICES INC
1025 W INDIANTOWN RD
STE 103
JUPITER FL 33458

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$3,300.00

3.106. **Nonpriority creditor's name and mailing address**

BIO-RAD LABORATORIES, INC.
DEPT 9740
LOS ANGELES CA 90084

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$522.64

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.107. **Nonpriority creditor's name and mailing address**

BIOSENSE WEBSTER INC
3333 DIAMOND CANYON ROAD
DIAMOND BAR CA 91765

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$925.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.108. **Nonpriority creditor's name and mailing address**

BIOTRONIK #446386
PO BOX 205421
DALLAS TX 75320

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$37,301.12

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.109. **Nonpriority creditor's name and mailing address**

BIOVENTUS LLC
4721 EMPEROR BLVD
DURHAM NC 27703

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☑ Contingent
- ☑ Unliquidated
- ☑ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

UNDETERMINED

3.110. **Nonpriority creditor's name and mailing address**

BK MEDITECH USA
5042 WILSHIRE BLVD #870
LOS ANGELES CA 90036

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$28,470.00

3.111. **Nonpriority creditor's name and mailing address**

BLACK & BLACK SURGICAL, INC.
5175 SOUTH ROYAL ATLANTA DR
TUCKER GA 30084

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$3,567.80

3.112. **Nonpriority creditor's name and mailing address**

BLOSSEY, GEORGE ALFRED
4115 PASEO DRIVE
AUSTIN TX 78739

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$1,307.80

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.113. **Nonpriority creditor's name and mailing address**

BLW MEDICAL LLC
2420 SENATOR DR
LOUISVILLE CO 80027

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$541.74

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.114. **Nonpriority creditor's name and mailing address**

BONE FUSION DEVICES LLC
216 PASEO ENCINAL ST
SAN ANTONIO TX 78212

As of the petition filing date, the claim is: *Check all that apply.*

- ☑ Contingent
- ☑ Unliquidated
- ☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.115. **Nonpriority creditor's name and mailing address**

BOSS FIRE PROTECTION LCC
2511 MERRELL RD
DALLAS TX 75229

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$625.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.116. **Nonpriority creditor's name and mailing address**

BOSS INSTRUMENTS LTD
104 SOMMERFIELD DRIVE
GORDONVILLE VA 22942

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$564.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.117. **Nonpriority creditor's name and mailing address**

BOSTON SCIENTIFIC
S JACOB AND WOLF LP
PO BOX 12045
COLLEGE STATION TX 77842-2045

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$497,788.36

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.118. **Nonpriority creditor's name and mailing address**

BRACCO DIAGNOSTIC INC
P.O. BOX 978952
DALLAS TX 75397

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$743.78

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.119. **Nonpriority creditor's name and mailing address**

BRAND LONE STAR LLC
2860 GRIMES RANCH RD
AUSTIN TX 78732

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$788.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.120. **Nonpriority creditor's name and mailing address**

BRIDGE ORTHOPEDIC SOLUTIONS
2304 W PARK ROW
STE #5
PANTEGO TX 76013

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$486.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.121. **Nonpriority creditor's name and mailing address**

BROADLEAF VENISON (USA) INC.
5600 S. ALAMEDA STREET
VERNON CA 90058

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$236.80

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.122. **Nonpriority creditor's name and mailing address**

BURNS, M.D., THOMAS P.
140 BIRNAM WOOD CT
AUSTIN TX 78746

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$13,129.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.123. **Nonpriority creditor's name and mailing address**

C.R. BARD, INC
PO BOX 75767
CHARLOTTE NC 28275

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$66,141.37

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.124. **Nonpriority creditor's name and mailing address**

CARBOFIX ORTHOPEDICS INC
7183 BEACH DRIVE SW
STE 1
OCEAN ISLE BEACH NC 28469

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,950.15

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.125. **Nonpriority creditor's name and mailing address**

CARDINAL HEALTH - 2057197799
PO BOX 730112
DALLAS TX 75373

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$267,871.57

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.126. **Nonpriority creditor's name and mailing address**

CARDINAL HEALTH 414, LLC
PO BOX 70609
CHICAGO IL 60673

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$33,305.63

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.127. **Nonpriority creditor's name and mailing address**

CAREFUSION SOLUTIONS, LLC
25082 NETWORK PL
CHICAGO IL 60673

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$72,748.97

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.128. **Nonpriority creditor's name and mailing address**

CARIS LIFE SCIENCES
750 W JOHN CARPENTER FREEWAY
SUITE 800
IRVING TX 75039

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$497.74

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.129. **Nonpriority creditor's name and mailing address**

CARRIER CORPORATION
P.O. BOX 93844
CHICAGO IL 60673

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$17,117.45

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.130. **Nonpriority creditor's name and mailing address**

CARSTENS, INC.
P. O. BOX 99110
CHICAGO IL 60693

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$308.91

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.131. **Nonpriority creditor's name and mailing address**

CENTINEL SPINE LLC
PO BOX 207368
DALLAS TX 75320

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$319,306.50

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.132. **Nonpriority creditor's name and mailing address**

CENTRAL TEXAS ORTHOPEDICS
3003 BEE CAVES RD
STE 201
AUSTIN TX 78746

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,080.81

Date or dates debt was incurred

VARIOUS

Basis for the claim:

AFFILIATE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.133. **Nonpriority creditor's name and mailing address**

CENTRE TECHNOLOGIES, INC.
P. O. BOX 679069
DALLAS TX 75267

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$341.91

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.134. **Nonpriority creditor's name and mailing address**

CHANGE HEALTHCARE
22423 NETWORK PL
CHICAGO IL 60673

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$23,238.46

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.135. **Nonpriority creditor's name and mailing address**

CHEMENCE MEDICAL INC
185 BLUEGRASS VALLEY PARKWAY
ALPHARETTA GA 30005

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$252.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.136. **Nonpriority creditor's name and mailing address**

CHUNG K. CHIN
5809 PINON VISTA
AUSTIN TX 78724

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$16,237.50

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.137. **Nonpriority creditor's name and mailing address**

CINCINNATI SUB-ZERO PRODUCTS, INC.
3530 SOLUTIONS CENTER
CHICAGO IL 60677

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$264.14

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.138. **Nonpriority creditor's name and mailing address**

CITY AMBULANCE SERVICE
PO BOX 691067
HOUSTON TX 77269

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$9,022.65

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.139. **Nonpriority creditor's name and mailing address**

CITY OF AUSTIN; RIVERPLACE
P.O. BOX 2267
AUSTIN TX 78783

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$634.32

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.140. **Nonpriority creditor's name and mailing address**

CLARKE KENT PLUMBING, INC.
1408 W BEN WHITE BLVD
AUSTIN TX 78704

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$247.12

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.141. **Nonpriority creditor's name and mailing address**

CLEANITSUPPLY.COM
705 GENERAL WASHINGTON AVE STE 703
JEFFERSONVILLE PA 19403

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$111.04

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.142. **Nonpriority creditor's name and mailing address**

CLEAVER BROOKS SALES AND SERVICES, INC.
1956 SINGLETON BLVD
DALLAS TX 75212

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$3,984.24

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.143. **Nonpriority creditor's name and mailing address**

CLEVELAND HEARTLAB, INC.
PO BOX 639566
CINCINNATI OH 45263

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$7,939.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.144. **Nonpriority creditor's name and mailing address**

CLINICAL PATHOLOGY ASSOCIATES
3445 EXECUTIVE CTR DR, STE 250
AUSTIN TX 78731

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$5,293.10

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.145. **Nonpriority creditor's name and mailing address**

CLINICAL PATHOLOGY LABS, INC.
PO BOX 141669
AUSTIN TX 78714

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$13,150.49

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.146. **Nonpriority creditor's name and mailing address**

CLOWARD INSTRUMENT CORPORATION
3787 DIAMOND HEAD ROAD
HONOLULU HI 96816

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$6,420.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.147. **Nonpriority creditor's name and mailing address**

CMI
P.O. BOX 118528
CARROLLTON TX 75011

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$9,488.69

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.148. **Nonpriority creditor's name and mailing address**

CNA INSURANCE
PO BOX 790094
ST LOUIS MO 63179

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,300.09

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.149. **Nonpriority creditor's name and mailing address**

COBEX RECORDERS, INC
6601 LYONS RD, SUITE F7
COCONUT CREEK FL 33073

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$112.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.150. **Nonpriority creditor's name and mailing address**

COCA-COLA SOUTHWEST ENTERPRISES
PO BOX 744010
ATLANTA GA 30384

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,761.38

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.151. **Nonpriority creditor's name and mailing address**

COLIN SCULLY
5656 BEE CAVES RD
STE M302
AUSTIN TX 78746

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

AFFILIATE NOTE PAYABLE

Is the claim subject to offset?

☐ No
☐ Yes

Amount of claim

$3,095,281.00

3.152. **Nonpriority creditor's name and mailing address**

COLOPLAST CORP.
DEPT CH 19024
PALATINE IL 60055

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$52,818.00

3.153. **Nonpriority creditor's name and mailing address**

COMMERCIAL KITCHEN PARTS & SERVICES
POB 831128
SAN ANTONIO TX 78283

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$2,589.34

3.154. **Nonpriority creditor's name and mailing address**

COMMERCIAL LIGHTING COMPANY
PO BOX 270651
TAMPA FL 33688

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$2,441.17

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.155. **Nonpriority creditor's name and mailing address**

COMMUNICATION BY HAND LLC
P.O. BOX 9064
AUSTIN TX 78766

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$496.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.156. **Nonpriority creditor's name and mailing address**

CONCENTRA
PO BOX 9005
ADDISON TX 75001

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$388.50

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.157. **Nonpriority creditor's name and mailing address**

CONFORMIS, INC
PO BOX 392311
PITTSBURG PA 15251

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$5,962.50

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.158. **Nonpriority creditor's name and mailing address**

CONMED LINVATEC
PO BOX 301231
DALLAS TX 75303

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$8,576.68

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.159. **Nonpriority creditor's name and mailing address**

CONSOLIDATED PLASTICS COMPANY, INC.
4700 PROSPER DR
STOW OH 44224

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$371.95

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.160. **Nonpriority creditor's name and mailing address**

CONTIGO TECHNOLOGY, LLC
8868 RESEARCH BLVD STE 403
AUSTIN TX 78758

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$23,484.96

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.161. **Nonpriority creditor's name and mailing address**

COOK MEDICAL, INC.
22988 NETWORK PL
CHICAGO IL 60673

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$4,802.02

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.162. **Nonpriority creditor's name and mailing address**

COOPER SURGICAL, INC
PO BOX 712280
CINCINNATI OH 45271

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$3,151.43

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.163. **Nonpriority creditor's name and mailing address**

CORDANT HEALTH SOLUTIONS
PO BOX 172775
DENVER CO 80217

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$12.80

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.164. **Nonpriority creditor's name and mailing address**

CORNERSTONE SPECIALTY HOSPITALS
PO BOX 123912
DALLAS TX 75312

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$48,706.04

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.165. **Nonpriority creditor's name and mailing address**

COVIDIEN
PO BOX 120823
DALLAS TX 75312

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$17,753.52

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.166. **Nonpriority creditor's name and mailing address**

CPS TELEPHARMACY, INC.
PO BOX 638318
CINCINNATI OH 45263

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$3,026.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.167. **Nonpriority creditor's name and mailing address**

CRANE CENTER
5656 BEE CAVES ROAD, STE J201
AUSTIN TX 78746

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$1,990.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.168. **Nonpriority creditor's name and mailing address**

CRISIS PREVENTION INSTITUE, INC
10850 WEST PARK PLACE, STE. 250
MILWAUKEE WI 53224

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$3,588.45

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.169. **Nonpriority creditor's name and mailing address**

CT CORPORATION SYSTEM
PO BOX 4349
CAROL STREAM IL 60197

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,109.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.170. **Nonpriority creditor's name and mailing address**

CTL MEDICAL CORPORATION
4550 EXCEL PKWY STE 300
ADDISON TX 75001

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$6,210.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.171. **Nonpriority creditor's name and mailing address**

CULLIGAN WATER CONDITIONING OF SAN ANTONIO, INC
1034 AUSTIN ST
SAN ANTONIO TX 78208

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$5,153.38

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.172. **Nonpriority creditor's name and mailing address**

CURITEVA, INC
25127 WILL MCCOMB DR
TANNER AL 35671

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$335,002.50

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.173. **Nonpriority creditor's name and mailing address**

CYRACOM, LLC
PO BOX 74008083
CHICAGO IL 60674

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$83.77

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.174. **Nonpriority creditor's name and mailing address**

DARRYL FRIEDENSTAB
1600 EAST SUNRISE BLVD.
APT 3611
FT LAUDERDALE FL 33304

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,207.87

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.175. **Nonpriority creditor's name and mailing address**

DATA MARSHALL
725 COOL SPRINGS BLVD.
SUITE 600
FRANKLIN TN 37067

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$71,648.32

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.176. **Nonpriority creditor's name and mailing address**

DATEX-OHMEDA, INC.
PO BOX 641936
PITTSBURGH PA 15264

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$312,745.72

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.177. **Nonpriority creditor's name and mailing address**

DE LAGE LANDEN FINANCIAL SVC INC
1111 OLD EAGLE SCHOOL RD
WAYNE PA 19087

As of the petition filing date, the claim is: *Check all that apply.*

- ☑ Contingent
- ☑ Unliquidated
- ☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.178. **Nonpriority creditor's name and mailing address**

DENVER SOLUTIONS LLC
PO BOX 92154
LAS VEGAS NV 89193

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$16,183.86

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.179. **Nonpriority creditor's name and mailing address**

DEPUY SYNTHES SALES
5972 COLLECTIONS CTR DR
CHICAGO IL 60693

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$32,158.47

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.180. **Nonpriority creditor's name and mailing address**

DETEGO HEALTH, LLC - MED CLAIMS
4100 INTERNATIONAL PLZ STE 150
FORT WORTH TX 76109

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$282,405.23

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE - MEDICAL BENEFITS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.181. **Nonpriority creditor's name and mailing address**

DIAMEDICAL.COM
7013 ORCHARD LAKE RD., #110
WEST BLOOMFIELD TOWNSHIP MI 48322

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$196.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.182. **Nonpriority creditor's name and mailing address**

DIVERSE HEALTH CONSULTING, LLC
1509 WESTMOOR DR
AUSTIN TX 78723

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$225.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.183. **Nonpriority creditor's name and mailing address**

DIVISION LAUNDRY HOUSTON, LLC
6649 W US HWY 90
SAN ANTONIO TX 78227

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$18,791.18

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.184. **Nonpriority creditor's name and mailing address**

DJO GLOBAL
PO BOX 650777
DALLAS TX 75265

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$6,224.40

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.185. **Nonpriority creditor's name and mailing address**

DJO SURGICAL
PO BOX 660126
DALLAS TX 75266

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$155,711.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.186. **Nonpriority creditor's name and mailing address**

DOCUMATION OF SAN ANTONIO INC.
P.O. BOX 105710
ATLANTA GA 30348

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,773.13

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.187. **Nonpriority creditor's name and mailing address**

DR. MASI KHAJA
12701 RANCH RD 620 N
SUITE 101
AUSTIN TX 78750

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$64,655.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.188. **Nonpriority creditor's name and mailing address**

DYNAMIC ACCESS
2600 N CENTRAL EXPRESSWAY
SUITE 280
RICHARDSON TX 75080

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$2,910.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.189. **Nonpriority creditor's name and mailing address**

EAGLE TELEMED
280 INTERSTATE NORTH CIR SE STE 600
ATLANTA GA 30339

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$16,087.50

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.190. **Nonpriority creditor's name and mailing address**

EDAP TECHNOMED INC
5321 INDUSTRIAL OAKS BLVD. STE 110
AUSTIN TX 78735

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$28,000.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.191. **Nonpriority creditor's name and mailing address**

ELITE ENTRANCES LLC
30225 TUDOR WAY, SUITE B
MAGNOLIA TX 77355

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$2,773.32

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.192. **Nonpriority creditor's name and mailing address**

EMBRACIA HEALTH
503 W 41ST ST
AUSTIN TX 78751

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$40,000.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.193. **Nonpriority creditor's name and mailing address**

EMPLOYMENT SCREENING SERVICES
DEPT K
PO BOX 830520
BIRMINGHAM AL 35283

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$836.09

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.194. **Nonpriority creditor's name and mailing address**

EMPRESS LLC
76-6308 KAHEIAU ST
KAILUA-KONA HI 96740

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$9,615.58

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.195. **Nonpriority creditor's name and mailing address**

ERBE-USA, INC.
2225 NORTHWEST PKWY
MARIETTA GA 30067

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$117.04

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.196. **Nonpriority creditor's name and mailing address**

ESHA RESEARCH, INC.
2625 BUTTERFIELD ROAD,
SUITE 306S
OAK BROOK IL 60523

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$299.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.197. **Nonpriority creditor's name and mailing address**

ETS ENVIRONMENTAL TESTING SERVICES, INC
10908 METRONOME DR
HOUSTON TX 77043

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$3,075.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.198. **Nonpriority creditor's name and mailing address**

EVOLOGICS, LLC
4766 RESEARCH DR
SAN ANTONIO TX 78240

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$22,000.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.199. **Nonpriority creditor's name and mailing address**

FAVORITE HEALTHCARE STAFFING, INC
PO BOX 26225
OVERLAND PARK KS 66225

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$63,255.09

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.200. **Nonpriority creditor's name and mailing address**

FEDEX
PO BOX 660481
DALLAS TX 75266

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$483.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.201. **Nonpriority creditor's name and mailing address**

FINSTON FRIEDMAN FISHER LAW GROUP
PO BOX 734039
DALLAS TX 75373

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,635.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.202. **Nonpriority creditor's name and mailing address**

FISHER SCIENTIFIC COMPANY, LLC
ACCT #950821-001
POB 404705
ATLANTA GA 30384

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$48,130.36

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.203. **Nonpriority creditor's name and mailing address**

FLEET MAINTENANCE OF TEXAS
PO BOX 82045
AUSTIN TX 78708

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$980.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.204. **Nonpriority creditor's name and mailing address**

FOLLETT CORPORATION
P.O. BOX D
EASTON PA 18044

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$6,989.56

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.205. **Nonpriority creditor's name and mailing address**

FOXFIRE SCIENTIFIC
4621 S. COOPER ST #131-332
ARLINGTON TX 76017

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$13,235.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.206. **Nonpriority creditor's name and mailing address**

GABLE GOTWALS
1100 ONEOK PLAZA
100 WEST 5TH STREET
TULSA OK 74103

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$4,601.60

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.207. **Nonpriority creditor's name and mailing address**

GALATEA SURGICAL INC
99 HAYDEN AVE, SUITE 360
LEXINGTON MA 02421

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$6,200.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.208. **Nonpriority creditor's name and mailing address**

GALATEA SURGICAL, INC
99 HAYDEN AVENUE STE. 360
LEXINGTON MA 02421

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$3,600.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.209. **Nonpriority creditor's name and mailing address**

GE HEALTHCARE
PO BOX 640200
PITTSBURGH PA 15264

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$501.71

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.210. **Nonpriority creditor's name and mailing address**

GE MED SYSTEMS ULTRASOUND 515343
PO BOX 74008831
CHICAGO IL 60674

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$3,897.01

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.211. **Nonpriority creditor's name and mailing address**

GE OEC MEDICAL SYSTEMS, INC.
2984 COLLECTIONS CENTER DR
CHICAGO IL 60693

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$9,602.48

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.212. **Nonpriority creditor's name and mailing address**

GE PRECISION HEALTHCARE LLC- 0008128103
PO BOX 96483
CHICAGO IL 60693

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$4,424.19

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.213. **Nonpriority creditor's name and mailing address**

GERMER BEAMAN BROWN PLLC
PO BOX 4915
BEAUMONT TX 77704

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$20,640.68

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.214. **Nonpriority creditor's name and mailing address**

GERMFREE LABORATORIES, INC.
4 SUNSHINE BLVD.
ORMOND BEACH FL 32174

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$923.38

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.215. **Nonpriority creditor's name and mailing address**

GETINGE USA SALES, LLC
2009 WINDY TERRACE
CEDAR PARK TX 78613

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$719.08

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.216. **Nonpriority creditor's name and mailing address**

GI SUPPLY & MEDUCATE
P.O. BOX 45730
BALTIMORE MD 21297

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$424.39

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.217. **Nonpriority creditor's name and mailing address**

GLOBAL HR RESEARCH, LLC
PO BOX 638968
CINCINNATI OH 45263

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$347.38

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.218. **Nonpriority creditor's name and mailing address**

GLOBUS MEDICAL, NORTH AMERICA, INC.
PO BOX 203329
DALLAS TX 75320

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.219. **Nonpriority creditor's name and mailing address**

GRACE MEDICAL, INC
PO BOX 415000
NASHVILLE TN 37241

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$13,310.08

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.220. **Nonpriority creditor's name and mailing address**

GRAFTON MEDICAL ALLIANCE
JAMES HENRY
241 S FRONTAGE RD STE 42
BURR RIDGE IL 60527

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$175,768.55

3.221. **Nonpriority creditor's name and mailing address**

GREAT AMERICAN INSURANCE GROUP
LOCK BOX # 677613
120 E CAMPBELL RD
RICHARDSON TX 75081

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$2,093.49

3.222. **Nonpriority creditor's name and mailing address**

GREATER AUSTIN TRANSPORTATION COMPANY
10630 JOSEPH CLAYTON DR
BLDG. A
AUSTIN TX 78753

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$7,510.70

3.223. **Nonpriority creditor's name and mailing address**

GULF COAST BOILER, LLC
14149 INTERDRIVE WEST
HOUSTON TX 77032

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$431.01

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.224. **Nonpriority creditor's name and mailing address**

HAMILTON MEDICAL, INC.
4655 AIRCENTER CIRCLE
RENO NV 89502

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$33,592.92

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.225. **Nonpriority creditor's name and mailing address**

HARDIES FRUIT & VEGETABLE SOUTH
P.O. BOX 671155
DALLAS TX 75267

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$6,511.21

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.226. **Nonpriority creditor's name and mailing address**

HCPRO
100 WINNERS CIRCLE SUITE 300
BRENTWOOD TN 37027

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,695.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.227. **Nonpriority creditor's name and mailing address**

HD SUPPLY FACILITIES MAINTENANCE, LTD
PO BOX 509058
SAN DIEGO CA 92150

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$141.59

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.228. **Nonpriority creditor's name and mailing address**

HEALTH CARE LOGISTICS
PO BOX 400
CIRCLEVILLE OH 43113

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$322.67

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.229. **Nonpriority creditor's name and mailing address**

HELMER INC
PO BOX 1937
DEPT 30
INDIANAPOLIS IN 46206

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$272.77

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.230. **Nonpriority creditor's name and mailing address**

HEMOSTASIS LLC
5000 TOWNSHIP PKWY
SAINT PAUL MN 55110

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$3,058.78

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.231. **Nonpriority creditor's name and mailing address**

HENRY SCHEIN INC.
DEPT CH10241
PALATINE IL 60055

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$34,762.39

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.232. **Nonpriority creditor's name and mailing address**

HILL COUNTRY ELECTRIC SUPPLY LP
702 WESTBROOK DRIVE
AUSTIN TX 78746

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$5,587.87

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.233. **Nonpriority creditor's name and mailing address**

HOLLAND & KNIGHT
200 S ORANGE AVE 2600
ORLANDO FL 32801

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$82,850.46

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.234. **Nonpriority creditor's name and mailing address**

HOLOGIC INC,
24506 NETWORK PLACE
CHICAGO IL 60673

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$3,939.29

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.235. **Nonpriority creditor's name and mailing address**

HOME DEPOT INC.
PO BOX 509058
SAN DIEGO CA 92150

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$135.29

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.236. **Nonpriority creditor's name and mailing address**

HOOD BOSS LLC
2511 MERRELL RD
DALLAS TX 75229

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$649.50

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.237. **Nonpriority creditor's name and mailing address**

HOSPITAL HOUSEKEEPING SYSTEMS, LTD.
PO BOX 734367
DALLAS TX 75373

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$38,895.38

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.238. **Nonpriority creditor's name and mailing address**

ID SUPERSTORE
PO BOX 23278
TIGARD OR 97281

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,292.51

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.239. **Nonpriority creditor's name and mailing address**

INFUSYSTEM INC
3851 W HAMLIN RD
ROCHESTER HILLS MI 48309

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$5,543.60

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.240. **Nonpriority creditor's name and mailing address**

INNOVASIS INC
POB 212
SPRINGVILLE UT 84663

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$90,091.35

Date or dates debt was incurred

_____

Basis for the claim:

JUDGMENT CREDITOR

Last 4 digits of account number:

Is the claim subject to offset?

☐ No
☑ Yes

3.241. **Nonpriority creditor's name and mailing address**

INNOVATUS IMAGING CORPORATION
PO BOX 725
INDIANA PA 15701

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$1,795.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.242. **Nonpriority creditor's name and mailing address**

INTEC CONTROLS
PO BOX 641087
DALLAS TX 75264

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$350.36

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.243. **Nonpriority creditor's name and mailing address**

INTEGRA
PO BOX 404129
ATLANTA GA 30384

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$118,479.19

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.244. **Nonpriority creditor's name and mailing address**

INTEGRITY IMPLANTS
354 HIATT DR
PALM BEACH GARDENS FL 33418

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$4,100.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.245. **Nonpriority creditor's name and mailing address**

INTEGRITY MEDICAL SYSTEMS, INC.
PO BOX 2725
COLUMBUS GA 31902

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$182.26

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.246. **Nonpriority creditor's name and mailing address**

INTEGRITY SURGICAL SALES LLC
900 RR 620 S STE C101310
AUSTIN TX 78734

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,175.72

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.247. **Nonpriority creditor's name and mailing address**

INTERMETRO INDUSTRIES CORPORATION
P.O. BOX 93730
CHICAGO IL 60673

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$977.47

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.248. **Nonpriority creditor's name and mailing address**

INTERNAL MED SOLUTIONS
PO BOX 163441
AUSTIN TX 78716

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$16,500.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.249. **Nonpriority creditor's name and mailing address**

INVUITY INC
800 S BOSQUE ST
WHITNEY TX 76692

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$6,372.81

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.250. **Nonpriority creditor's name and mailing address**

IRONSIDE HUMAN RESOURCES, LLC
6060 NORTH CENTRAL EXPWY
STE 690
DALLAS TX 75206

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$10,260.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.251. **Nonpriority creditor's name and mailing address**

JAMES M. MOYNA, CPA, PC
872 S. MILWAUKEE AVENUE, SUITE 124
LIBERTYVILLE IL 60048

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$6,000.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.252. **Nonpriority creditor's name and mailing address**

JASON LAWRENCE RUCHABER
60786 BOZEMAN TRL
BEND OR 97702

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$22,500.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

AFFILIATE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.253. **Nonpriority creditor's name and mailing address**

JDIMAGING LLC
23468 COBBLESHAIRE CT.
NEW CANEY TX 77357

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$10,000.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.254. **Nonpriority creditor's name and mailing address**

JOHNSON & JOHNSON HEALTHCARE SYSTEMS
PO BOX 406663
ATLANTA GA 30384

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$88,192.53

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.255. **Nonpriority creditor's name and mailing address**

JURGAN DEVELOPMENT & MFG
6018 SOUTH HIGHLANDS AVE
MADISON WI 53705

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$474.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.256. **Nonpriority creditor's name and mailing address**

JUSTIN ROSS
9005 BURTON WAY #403
LOS ANGELES CA 90048

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$12,500.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.257. **Nonpriority creditor's name and mailing address**

KARL STORZ ENDOSCOPY-AMERICA INC.
4029 WALNUT CLAY
AUSTIN TX 78731

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,427.59

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.258. **Nonpriority creditor's name and mailing address**

KCI USA
PO BOX 301557
DALLAS TX 75303

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$23,431.32

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.259. **Nonpriority creditor's name and mailing address**

KEN'S PDQ DELIVERY SERVICE
5700 FM 1327
CREEDMOOR TX 78610

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$15.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.260. **Nonpriority creditor's name and mailing address**

KEY SURGICAL INC
PO BOX 74809
CHICAGO IL 60694

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$172.86

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.261. **Nonpriority creditor's name and mailing address**

KEYSTAFF INC.
2417 ASHDALE DR
STE A
AUSTIN TX 78757

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.262. **Nonpriority creditor's name and mailing address**

KINAMED INC
820 FLYNN RD
CAMARILLO CA 93012

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$6,651.20

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.263. **Nonpriority creditor's name and mailing address**

KLEEN-AIR FILTER SERVICE & SALES
302 LONGBOTHAM DR
GROESBECK TX 76642

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$3,260.99

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.264. **Nonpriority creditor's name and mailing address**

KLS MARTIN, L.P.
PO BOX 204322
DALLAS TX 75320

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$5,980.94

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.265. **Nonpriority creditor's name and mailing address**

KOKORO WELLNESS CENTER
5656 BEE CAVES RD.
STE K100
AUSTIN TX 78746

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

VARIOUS

Basis for the claim:

AFFILIATE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☐ No
- ☑ Yes

3.266. **Nonpriority creditor's name and mailing address**

KOROS USA INC
610 FLINN AVE
MOORPARK CA 93021

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$1,465.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.267. **Nonpriority creditor's name and mailing address**

KUROS BIOSCIENCES USA, INC
22 BOSTON WHARF RD
BOSTON MA 02210

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$167,210.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.268. **Nonpriority creditor's name and mailing address**

KXAN.COM
PO BOX 844304
DALLAS TX 75284

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$9,000.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.269. **Nonpriority creditor's name and mailing address**

LABORIE MEDICAL TECHNOLOGIES CORP
180 INTERNATIONAL DRIVE
PORTSMOUTH NH 03801

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$2,357.97

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.270. **Nonpriority creditor's name and mailing address**

LANDAUER, INC.
PO BOX 809051
CHICAGO IL 60680

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$182.40

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.271. **Nonpriority creditor's name and mailing address**

LANGUAGE SERVICES ASSOCIATES
PO BOX 829752
PHILADELPHIA PA 19182

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$101.72

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.272. **Nonpriority creditor's name and mailing address**

LAWRENCE RECRUITING SPECIALISTS INC
PO BOX 310781
DES MOINES IA 50331

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$88,760.68

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.273. **Nonpriority creditor's name and mailing address**

LE MAITRE VASCULAR, INC.
PO BOX 978979
DALLAS TX 75397

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$3,662.75

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.274. **Nonpriority creditor's name and mailing address**

LEECHES USA
300 SHAMES DR
WESTBURY NY 11590

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,856.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.275. **Nonpriority creditor's name and mailing address**

LIFE INSTRUMENT CORPORATION
91 FRENCH AVENUE
BRAINTREE MA 02184

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$260.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.276. **Nonpriority creditor's name and mailing address**

LIFE SAFETY SERVICES, LLC
908 S 8TH STREET,
SUITE 500
LOUISVILLE KY 40203

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$4,896.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.277. **Nonpriority creditor's name and mailing address**

LIGHTEDGE SOLUTIONS
909 LOCUST, SUITE 301
DES MOINES IA 50309

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,020.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.278. **Nonpriority creditor's name and mailing address**

LIQUID ENVIRONMENTAL SOLUTIONS
PO BOX 733372
DALLAS TX 75373

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,767.28

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.279. **Nonpriority creditor's name and mailing address**

LISA HELTON
2426 ARBOR DR
ROUND ROCK TX 78681

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$194.99

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.280. **Nonpriority creditor's name and mailing address**

LOCKE LORD LLP
600 CONGRESS AVESTE 2200
AUSTIN TX 78701

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$126,785.35

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.281. **Nonpriority creditor's name and mailing address**

MACROLEASE
185 EXPRESS ST
SUITE 100
PLAINVIEW NY 11803

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$33,553.92

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.282. **Nonpriority creditor's name and mailing address**

MAD SCIENCE LABORATORIES LLC
REHAB LAB
CENTRA LAB
4935 MCCONNELL AVE
STE 4
LOS ANGELES CA 90066

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

VARIOUS

Basis for the claim:

AFFILIATE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☐ No
☑ Yes

3.283. **Nonpriority creditor's name and mailing address**

MAKINA BENEFITS
5114 BALCONES WOODS DR
STE 307-200
AUSTIN TX 78759

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$87,748.53

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE - MEDICAL BENEFITS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.284. **Nonpriority creditor's name and mailing address**

MAKO SURGICAL CORP.
26545 NETWORK PLACE
CHICAGO IL 60673-1265

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$585,165.82

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.285. **Nonpriority creditor's name and mailing address**

MARSHALL SHREDDING CO.
PO BOX 91139
SAN ANTONIO TX 78209

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$270.50

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.286. **Nonpriority creditor's name and mailing address**

MATRIX BIOSURGICAL, INC.
7103 WERNER ST.
SAN DIEGO CA 92122

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$12,500.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.287. **Nonpriority creditor's name and mailing address**

MBM CENTER, INC.
1320 N. COURTHOUSE RD.
SUITE 500
ARLINGTON VA 22201

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,000.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.288. **Nonpriority creditor's name and mailing address**

MC ANALYTXS, INC.
3535 BRIARPARK STE 109
HOUSTON TX 77042

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$17,500.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.289. **Nonpriority creditor's name and mailing address**

MCCAMMON V. CENTRAL TEXAS SPINE INSTITUTE PLLC, DANIEL PETERSON, CAMERON PRATHER
C/O WINCKLER HARVEY & MCCONNELL LLP
SEAN ANTHONY MCCONNELL
6836 BEE CAVE ROAD
BUILDING 3
AUSTIN TX 78746

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.290. **Nonpriority creditor's name and mailing address**

MCCONNELL ORTHOPEDIC MFG. CO.
PO BOX 8306
GREENVILLE TX 75404

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$990.49

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.291. **Nonpriority creditor's name and mailing address**

MCG, LLC.
PO BOX 742350
ATLANTA GA 30374

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$14,195.66

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.292. **Nonpriority creditor's name and mailing address**

MCKESSON MEDICAL-54570729
PO BOX 634404
CINCINNATI OH 45263

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$480.93

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.293. **Nonpriority creditor's name and mailing address**

MCKESSON MEDICAL-SURGICAL
PO BOX 660266
DALLAS TX 75266

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$24,155.48

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.294. **Nonpriority creditor's name and mailing address**

MED ONE EQUIPMENT RENTAL, LLC
10712 SOUTH 1300 EAST
SANDY UT 84094

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$12,453.89

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.295. **Nonpriority creditor's name and mailing address**

MEDACTA USA, INC
PO BOX 848515
LOS ANGELES CA 90084

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$4,950.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.296. **Nonpriority creditor's name and mailing address**

MEDARTIS INC
224 VALLEY CREEK BOULEVARD
SUITE 100
EXTON PA 19341

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$8,002.70

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.297. **Nonpriority creditor's name and mailing address**

MEDARTIS INC
224 VALLEY CREEK BLVD
SUITE 100
EXTON PA 19341

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$238.80

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.298. **Nonpriority creditor's name and mailing address**

MEDELY INC
TIAYALI LEGER
2355 WESTWOOD BLVD 412
LOS ANGELES CA 90064

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$129,857.47

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.299. **Nonpriority creditor's name and mailing address**

MEDHOST BUSINESS SERVICES, INC
6550 CAROTHERS PKWY
STE 160
FRANKLIN TN 37067

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$16,579.84

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.300. **Nonpriority creditor's name and mailing address**

MEDHOST CLOUD SERVICES,INC
2739 MOMENTUM PL
CHICAGO IL 60689

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$8,046.57

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.301. **Nonpriority creditor's name and mailing address**

MEDHOST DIRECT INC
2739 MOMENTUM PL
CHICAGO IL 60689

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$130,585.38

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.302. **Nonpriority creditor's name and mailing address**

MEDHOST OF TENNESSEE INC
2739 MOMENTUM PL
CHICAGO IL 60689

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$3,376.70

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.303. **Nonpriority creditor's name and mailing address**

MEDICAL SOLUTIONS INC
1010 N 102ND ST SUITE 300
OMAHA NE 68114

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$6,926.53

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.304. **Nonpriority creditor's name and mailing address**

MEDI-DOSE, INC.
PO BOX 238
JAMISON PA 18929

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$217.70

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.305. **Nonpriority creditor's name and mailing address**

MEDITECH SPINE LLC
1447 PEACHTREE ST STE 440
ATLANTA GA 30309

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$415,880.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.306. **Nonpriority creditor's name and mailing address**

MEDLINE INDUSTRIES, INC.
DEPT 1080
POB 121080
DALLAS TX 75312

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$130,032.67

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.307. **Nonpriority creditor's name and mailing address**

MEDTRONIC USA, INC.
PO BOX 848086
DALLAS TX 75284

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$61,871.88

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.308. **Nonpriority creditor's name and mailing address**

MERIT MEDICAL SYSTEMS, INC.
PO BOX 204842
DALLAS TX 75320

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,632.91

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.309. **Nonpriority creditor's name and mailing address**

MERRY X-RAY CORP
6000 SHEPHERD MOUNTAIN COVE
APT 1604
AUSTIN TX 78730

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,073.97

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.310. **Nonpriority creditor's name and mailing address**

MERZ NORTH AMERICA INC
PO BOX 912073
DENVER CO 80291

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$11,250.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.311. **Nonpriority creditor's name and mailing address**

MGC DIAGNOSTICS/ MEDICAL GRAPHICS CORPORATION
PO BOX 9201 BIN #11
MINNEAPOLIS MN 55480

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,075.99

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.312. **Nonpriority creditor's name and mailing address**

MICHAEL WELCH
5656 BEE CAVES RD
STE M302
AUSTIN TX 78746

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,715,441.00

Date or dates debt was incurred

_____

Basis for the claim:

AFFILIATE NOTE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☐ No
☐ Yes

3.313. **Nonpriority creditor's name and mailing address**

MICROAIRE SURGICAL INSTRUMENTS
LOCK BOX 96565
CHICAGO IL 60693

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$9,638.67

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.314. **Nonpriority creditor's name and mailing address**

MIZUHO OSI
101 HARBOR HILL DRIVE
AUSTIN TX 78734

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,574.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.315. **Nonpriority creditor's name and mailing address**

MLEE HEALTHCARE STAFFING AND RECRUITING, INC
1901 N LAMAR BLVD
AUSTIN TX 78705

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.316. **Nonpriority creditor's name and mailing address**

MOBILE INSTRUMENTS SERVICE & REPAIR INC.
333 WATER AVE
BELLEFONTAINE OH 43311

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$4,849.62

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.317. **Nonpriority creditor's name and mailing address**

MODERNIZING MEDICINE
DEPT 3743
PO BOX 123743
DALLAS TX 75312

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$5,224.01

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.318. **Nonpriority creditor's name and mailing address**

MONITORING CONCEPTS
111 BOLAND STREET
STE 211
FORT WORTH TX 76107

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$4,500.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.319. **Nonpriority creditor's name and mailing address**

MOOG MEDICAL DEVICES GROUP
75 REMITTANCE DRIVE DEPT. 3184
CHICAGO IL 60675

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$479.86

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.320. **Nonpriority creditor's name and mailing address**

MUSCULOSKELETAL TRANSPLANT FOUNDATION
PO BOX 415911
BOSTON MA 02241

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$9,000.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.321. **Nonpriority creditor's name and mailing address**

MXR IMAGING, INC.
4909 MURPHY ANYON RD STE 120
SAN DIEGO CA 92123

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$1,542.56

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.322. **Nonpriority creditor's name and mailing address**

NATIONAL NEUROMONITORING SERVICES, LLC
1141 N LOOP 1604 E 105612
SAN ANTONIO TX 78232

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$800,450.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.323. **Nonpriority creditor's name and mailing address**

NATURA
6436 BABCOCK ROAD
SAN ANTONIO TX 78249

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,570.64

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.324. **Nonpriority creditor's name and mailing address**

NEIGHBORHOOD NEWS
3740 COLONY DR #120
SAN ANTONIO TX 78230

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$303.60

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.325. **Nonpriority creditor's name and mailing address**

NEM MEDICAL
PO BOX 1915
CEDAR PARK TX 78630

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$7,950.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.326. **Nonpriority creditor's name and mailing address**

NEPHRON 503B OUTSOURCING FACILITY
PO BOX 746455
ATLANTA GA 30374

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,151.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.327. **Nonpriority creditor's name and mailing address**

NEUROMONITORING ASSOCIATES, LLC
PO BOX 29650
DEPT #880255
PHOENIX AZ 85038

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$22,450.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.328. **Nonpriority creditor's name and mailing address**

NEVRO CORP
1800 BRIDGE PKWY
RELWOOD CITY CA 94065

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$20,375.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.329. **Nonpriority creditor's name and mailing address**

NEW AGE MEDICAL LLC
645 SPIRIT VALLEY CENTRAL DR
CHESTERFIELD MO 63005

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$6,111.27

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.330. **Nonpriority creditor's name and mailing address**

NFPA-NATIONAL FIRE PROTECTION ASSOCIATION
PO BOX 9689
MANCHESTER NH 03108

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$175.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.331. **Nonpriority creditor's name and mailing address**

NGMEDICAL, INC.
16000 N. 80TH STREET, SUITE E
SCOTTSDALE AZ 85260

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$7,100.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.332. **Nonpriority creditor's name and mailing address**

NOVA MEDICAL CENTERS
P.O. BOX 840066
DALLAS TX 75284

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$7,331.46

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.333. **Nonpriority creditor's name and mailing address**

NOVABONE PRODUCTS, LLC
13510 NW US HIGHWAY 441
ALACHUA FL 32615-8514

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.334. **Nonpriority creditor's name and mailing address**

NUMED, INC
PO BOX 1098
DENTON TX 76202

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$5,358.38

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.335. **Nonpriority creditor's name and mailing address**

NUTECH MEDICAL
174 OXMOOR ROAD
BIRMINGHAM AL 35209

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,195.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.336. **Nonpriority creditor's name and mailing address**

NUVASIVE, INC.
PO BOX 50678
LOS ANGELES CA 90074

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$14,975.59

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.337. **Nonpriority creditor's name and mailing address**

NUVASIVE, INC.
7475 LUSK BLVD
SAN DIEGO CA 92121

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

UNDETERMINED

3.338. **Nonpriority creditor's name and mailing address**

NUVECTRA CORPORATION
5830 GRANITE PARKWAY, STE. 1100
PLANO TX 75024

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$35,125.00

3.339. **Nonpriority creditor's name and mailing address**

OAK FARMS - SAN ANTONIO
PO BOX 676010
DALLAS TX 75267

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$1,061.94

3.340. **Nonpriority creditor's name and mailing address**

OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEEST, P.A
PO BOX 9005
ADDISON TX 75001

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$3,948.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.341. **Nonpriority creditor's name and mailing address**

OFFICEMAX INC
PO BOX 101705
ATLANTA GA 30392

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,454.57

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.342. **Nonpriority creditor's name and mailing address**

OLVIDO CHAVEZ
2005 GARDEN STREET
AUSTIN TX 78702

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,050.97

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.343. **Nonpriority creditor's name and mailing address**

OLYMPUS AMERICA INC.
3500 CORPORATE PKWY
CENTER VALLEY PA 18034

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

UNDETERMINED

3.344. **Nonpriority creditor's name and mailing address**

OLYMPUS FINANCIAL SERVICE
PO BOX 200183
PITTSBURGH PA 15251

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$83,569.92

3.345. **Nonpriority creditor's name and mailing address**

ONYX HEALTHCARE STAFFING
12400 W HWY 71 STE 350-153
AUSTIN TX 78738

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$140,203.23

3.346. **Nonpriority creditor's name and mailing address**

OPERATIV
11317 NE 120TH ST
KIRKLAND WA 98034

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,900.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.347. **Nonpriority creditor's name and mailing address**

ORTHO CLINICAL DIAGNOSTICS
PO BOX 3655
CAROL STREAM IL 60132

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$7,117.97

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.348. **Nonpriority creditor's name and mailing address**

ORTHOCIRCLE SURGICAL INSTRUMENTS
15 E MONTGOMERY CROSSROADS STE 3
SAVANNAH GA 31406

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$36,700.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.349. **Nonpriority creditor's name and mailing address**

ORTHOFUNDAMENTALS
303 WYMAN ST
STE 300
WALTHAM MA 02451

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$54,525.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.350. **Nonpriority creditor's name and mailing address**

ORTHOPAEDIC SPECIALIST AUSTIN
4611 GUADALUPE ST
STE 200
AUSTIN TX 78751

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$9,019.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.351. **Nonpriority creditor's name and mailing address**

ORTHOSTAT, LLC
609 CAMBRIDGE MANOR LANE
COPPELL TX 75019

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$128,510.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.352. **Nonpriority creditor's name and mailing address**

OTICON MEDICAL, LLC
580 HOWARD AVENUE
SOMERSET NJ 08873

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$8,391.26

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.353. **Nonpriority creditor's name and mailing address**

OUTSOLVE
3330 W ESPLANADE AVE
SUITE 301
METAIRIE LA 70002

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$990.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.354. **Nonpriority creditor's name and mailing address**

PAJUNK MEDICAL SYSTEMS, LP
4575 MARCONI DR
ALPHARETTA GA 30005

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$9,788.76

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.355. **Nonpriority creditor's name and mailing address**

PALM HARBOR MEDICAL
3015 RIDGELINE BLVD.
TARPON SPRINGS FL 34688

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$408.95

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.356. **Nonpriority creditor's name and mailing address**

PANTHEON SPINAL LLC
PO BOX 161233
AUSTIN TX 78716

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$408,228.18

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.357. **Nonpriority creditor's name and mailing address**

PARADIGM SPINE, LLC
PO BOX 734520
CHICAGO IL 60673

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$40,000.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.358. **Nonpriority creditor's name and mailing address**

PARAGON 28, INC.
PO BOX 17180
DEPT 1532
SALT LAKE CITY UT 84130

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$2,985.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.359. **Nonpriority creditor's name and mailing address**

PARKS MEDICAL ELECTRONICS
19460 SW SHAW ST
ALOHA OR 97078

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$448.16

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.360. **Nonpriority creditor's name and mailing address**

PARTSSOURCE LLC
PO BOX 645186
CINCINNATI OH 45264

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$228.28

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.361. **Nonpriority creditor's name and mailing address**

PEAK - MOBILE VASULAR ACCESS
12101 PALISADES PKWY
AUSTIN TX 78746

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$3,315.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.362. **Nonpriority creditor's name and mailing address**

PERFORMANCE HEALTH
1814 ASHBY AVENUE
AUSTIN TX 78704

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$3,533.15

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.363. **Nonpriority creditor's name and mailing address**

PERSONNEL CONCEPTS
PO BOX 5750
CAROL STREAM IL 60197

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$340.60

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.364. **Nonpriority creditor's name and mailing address**

PHI SERVICE AGENCY, INC.
2120 WEST BRAKER LANE, SUITE G
AUSTIN TX 78758

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,082.50

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.365. **Nonpriority creditor's name and mailing address**

PHIA GROUP CONSULTING LLC
PO BOX 499
CANTON MA 02021

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,496.66

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.366. **Nonpriority creditor's name and mailing address**

PHILIPS HEALTHCARE - IPC
PO BOX 100355
ATLANTA GA 30384-0355

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$593,108.45

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.367. **Nonpriority creditor's name and mailing address**

PHILIPS MEDICAL SYSTEMS
1807 TREADWELL ST
AUSTIN TX 78704

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$40,628.83

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.368. **Nonpriority creditor's name and mailing address**

PIONEER HEALTH SYSTEMS LLC
5040 ADDISON CIR STE 400
ADDISON TX 75001

As of the petition filing date, the claim is: *Check all that apply.*

- ☑ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$794,653.44

Date or dates debt was incurred

_____

Basis for the claim:

JUDGMENT CREDITOR

Last 4 digits of account number:

Is the claim subject to offset?

- ☐ No
- ☑ Yes

3.369. **Nonpriority creditor's name and mailing address**

PIRKEY BARBER LLP
600 CONGRESS AVENUE, STE 2120
AUSTIN TX 78701

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$10,370.10

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.370. **Nonpriority creditor's name and mailing address**

POWELL, EBERT & SMOLIK, P.C.
515 CONGRESS AVE 20TH FL
AUSTIN TX 78701

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$18,450.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.371. **Nonpriority creditor's name and mailing address**

PRAXAIR DISTRIBUTION, INC.
P.O. BOX 120812
DEPT. 0812
DALLAS TX 75312

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$9,668.82

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.372. **Nonpriority creditor's name and mailing address**

PRECISE BIOMEDICAL, INC
PO BOX 44183
CLEVELAND OH 44144

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$436.25

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.373. **Nonpriority creditor's name and mailing address**

PRECISION PIPETTE, INC.
2400 LAKE PARK DRIVE, SE SUITE 105
SMYRNA GA 30080

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$317.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.374. **Nonpriority creditor's name and mailing address**

PRECISION SPINE, INC.
PO BOX 4356 DEPT # 1904
HOUSTON TX 77210

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$36,000.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.375. **Nonpriority creditor's name and mailing address**

PRECISION SURGICAL, LLC
2551 FARRINGTON ST
DALLAS TX 75207

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$690.64

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.376. **Nonpriority creditor's name and mailing address**

PRESS GANEY ASSOCIATES INC
BOX 88335
MILWAUKEE WI 53288

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$7,919.76

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.377. **Nonpriority creditor's name and mailing address**

PRETECT LLC
3513 SOFT SHORE LN
PFLUGERVILLE TX 78660

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$147,807.28

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.378. **Nonpriority creditor's name and mailing address**

PREVENT LIFE SAFETY SERVICES, INC.
488 COMMERCE WAY,
SUITE B
LIVERMORE CA 94551

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$4,895.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.379. **Nonpriority creditor's name and mailing address**

PRINCIPAL EBENEFITS EDGE
P.O. BOX 77116
MINNEAPOLIS MN 55480

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$8,420.50

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.380. **Nonpriority creditor's name and mailing address**

PROFORMA / SURF CITY
PO BOX 640814
CINCINNATI OH 45264

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,519.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.381. **Nonpriority creditor's name and mailing address**

PROSERVE
4201 SOUTH CONGRESS AVENUE
STE. 321
AUSTIN TX 78745

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$525.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.382. **Nonpriority creditor's name and mailing address**

PRO-SERVE ENTERPRISES, INC.
4201 S CONGRESS
SUITE 321
AUSTIN TX 78745

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$1,598.12

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.383. **Nonpriority creditor's name and mailing address**

PROVIDENCE MEDICAL TECHNOLOGY, INC
PO BOX 74008771
CHICAGO IL 60674

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$9,300.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.384. **Nonpriority creditor's name and mailing address**

PVS - PROPERTY VALUATION SERVICES
14400 METCALF AVENUE
OVERLAND PARK KS 66223

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$7,448.62

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.385. **Nonpriority creditor's name and mailing address**

QUIDEL CORPORATION - 100013244
FILE 50177
LOS ANGELES CA 90074

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$967.60

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.386. **Nonpriority creditor's name and mailing address**

QUVA PHARMA INC
PO BOX 120142
DEPT 0142
DALLAS TX 75312

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,440.20

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.387. **Nonpriority creditor's name and mailing address**

RANDSTAD
PO BOX 2084
CAROL STREAM IL 60132

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$11,636.60

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.388. **Nonpriority creditor's name and mailing address**

RAPTOR TECHNOLOGIES
631 W. 22ND ST.
HOUSTON TX 77008

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$4,880.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.389. **Nonpriority creditor's name and mailing address**

REHAB LAB
4935 MCCONNELL AVE UNIT 4
LOS ANGELES CA 90066

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,000.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.390. **Nonpriority creditor's name and mailing address**

RELAY MEDICAL SUPPLIES LLC
PO BOX 16552
FT. WORTH TX 76162

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,680.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.391. **Nonpriority creditor's name and mailing address**

RELEVANT SOLUTIONS
PO BOX 671626
DALLAS TX 75267

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$525.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.392. **Nonpriority creditor's name and mailing address**

REPUBLIC SPINE & PAIN
PO BOX 23634
BELFAST ME 04915

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$22,100.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.393. **Nonpriority creditor's name and mailing address**

RESTAURANT REPAIR CO
9911 N INTERSTATE 35
SAN ANTONIO TX 78233

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$592.94

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.394. **Nonpriority creditor's name and mailing address**

REVOGEN BIOLOGICS
1100 N MAIN ST STE 102
STE 102
BOERNE TX 78006

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$5,100.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.395. **Nonpriority creditor's name and mailing address**

RIGICON, INC
2805 VETERANS MEMORIAL HWY
STE 5
RONKONKOMA NY 11779

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,390.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.396. **Nonpriority creditor's name and mailing address**

RING CENTRAL, INC
20 DAVIS DRIVE
0
BELMONT CA 94002

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$11,944.41

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.397. **Nonpriority creditor's name and mailing address**

RMP SERVICES, LLC
200 N. NEW ROAD
WACO TX 76710

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$6,320.19

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.398. **Nonpriority creditor's name and mailing address**

ROCHE DIAGNOSTICS CORPORATION
MAIL CODE 5021
PO BOX 660367
DALLAS TX 75266

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,060.63

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.399. **Nonpriority creditor's name and mailing address**

ROGERS, DR. MATTHEW THOMAS
2908 JUNEAU DR
CEDAR PARK TX 78613

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$20,000.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.400. **Nonpriority creditor's name and mailing address**

ROUND ROCK WELDING
1400 NORTH INDUSTRIAL
ROUND ROCK TX 78680

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,470.14

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.401. **Nonpriority creditor's name and mailing address**

RTI SURGICAL, INC.
PO BOX 734031
CHICAGO IL 60673

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$129,801.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.402. **Nonpriority creditor's name and mailing address**

SAM'S CLUB DIRECT
1701 NORRIS DRIVE
AUSTIN TX 78704

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$622.04

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.403. **Nonpriority creditor's name and mailing address**

SAMSON ADVISORY
8705 SHOAL CREEK BLVDSTE 205
STE 205
AUSTIN TX 78757

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$84,000.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.404. **Nonpriority creditor's name and mailing address**

SCA AUSTIN MEDICAL CENTER HOLDINGS LLC
UNKNOWN

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

VARIOUS

Basis for the claim:

AFFILIATE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☐ No
☑ Yes

3.405. **Nonpriority creditor's name and mailing address**

SCANLAN INTERNATIONAL
ONE SCANLAN PLAZA
ST PAUL MN 55107

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$6,954.84

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.406. **Nonpriority creditor's name and mailing address**

SEQUEL SOFTWARE
PO BOX 1450
MINNEAPOLIS MN 55485

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,805.48

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.407. **Nonpriority creditor's name and mailing address**

SHRM
PO BOX 791139
BALTIMORE MD 21279

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$209.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.408. **Nonpriority creditor's name and mailing address**

SHUKLA MEDICAL
8300 SHEEN DR
ST PETERBURG FL 33709

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$3,400.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.409. **Nonpriority creditor's name and mailing address**

SI-BONE, INC
PO BOX 123195
DEPT 3195
DALLAS TX 75312

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$9,891.50

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.410. **Nonpriority creditor's name and mailing address**

SIENTRA INC
3333 MICHELSON DRIVE
SUITE 650
IRVINE CA 92612

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$189,503.02

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.411. **Nonpriority creditor's name and mailing address**

SINGLETON ASSOCIATES
PO BOX 208111
DALLAS TX 75320

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$652.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.412. **Nonpriority creditor's name and mailing address**

SKELETAL DYNAMICS LLC
8905 SW 87TH AVE #201
MIAMI FL 33176

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$2,257.00

3.413. **Nonpriority creditor's name and mailing address**

SMITH & NEPHEW
C/O BARNETT & GARCIA, PLLC
LAWRENCE JOHN FALLI
3821 JUNIPER TRACE
STE 108
AUSTIN TX 78738-5514

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

UNDETERMINED

3.414. **Nonpriority creditor's name and mailing address**

SMITH & NEPHEW ENDOSCOPY
PO BOX 951605
DALLAS TX 75395-1605

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$4,599.54

3.415. **Nonpriority creditor's name and mailing address**

SMS LLC.
7804 BELL MOUNTAIN DR STE 100
STE 100
AUSTIN TX 78730

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$9,257.08

3.416. **Nonpriority creditor's name and mailing address**

SOLIANT HEALTH, LLC
C/O BARNETT & GARCIA, PLLC
LAWRENCE JOHN FALLI
3821 JUNIPER TRACE
STE 108
AUSTIN TX 78738-5514

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☑ Contingent
- ☑ Unliquidated
- ☑ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

UNDETERMINED

3.417. **Nonpriority creditor's name and mailing address**

SONOGRAPHY SOLUTIONS, LLC
900 EAST PECAN ST
STE 300-308
PFLUGERVILLE TX 78660

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$1,645.00

3.418. **Nonpriority creditor's name and mailing address**

SOUTHEAST REIMBURSEMENT GROUP, LLC
335 PARKWAY 575
SUITE 110
WOODSTOCK GA 30188

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$15,092.50

3.419. **Nonpriority creditor's name and mailing address**

SPECIAL INSURANCE SERVICES
PO BOX 251749
PLANO TX 75025

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$9,319.49

3.420. **Nonpriority creditor's name and mailing address**

SPECIALTY STAFFING SOLUTIONS LLC
DAVID ZAMBRZYCKI
PO BOX 1463
CEDAR PARK TX 78630

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☐ Unliquidated
☑ Disputed

Basis for the claim:

JUDGMENT CREDITOR

Is the claim subject to offset?

☐ No
☑ Yes

Amount of claim

$432,000.00

3.421. **Nonpriority creditor's name and mailing address**

SPECTRUM BUSINESS
PO BOX 60074
CITY OF INDUSTRY CA 91716

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$18,918.33

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.422. **Nonpriority creditor's name and mailing address**

SPINAL ELEMENTS, INC.
DEPT 3885
PO BOX 123885
DALLAS TX 75312

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$43,316.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.423. **Nonpriority creditor's name and mailing address**

SPINE WAVE
3 ENTERPRISE DR STE 210
SHELTON CT 06484

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$31,600.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.424. **Nonpriority creditor's name and mailing address**

SPINESMITH PARTNERS, LP
4719 SOUTH CONGRESS
AUSTIN TX 78745

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,820.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.425. **Nonpriority creditor's name and mailing address**

SPINEVISION, INC.
155 FEDERAL ST
STE 604
BOSTON MA 02110

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$5,304.20

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.426. **Nonpriority creditor's name and mailing address**

SPOK, INC
210 AMBERWOOD SOUTH APT 1113
KYLE TX 78640

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$715.94

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.427. **Nonpriority creditor's name and mailing address**

ST DAVID'S SOUTH AUSTIN MED CTR
PO BOX 406176
ATLANTA GA 30384

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$3,806.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.428. **Nonpriority creditor's name and mailing address**

ST. DAVID'S INSTITUTE FOR LEARNING
PO BOX 101705
ATLANTA GA 30392

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$635.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.429. **Nonpriority creditor's name and mailing address**

STAND TOGETHER CHAMBER OF COMMERCE, INC.
1320 N. COURTHHOUSE RD.
SUITE 300
ARLINGTON VA 22201

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$4,519.86

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.430. **Nonpriority creditor's name and mailing address**

STAPLES BUSINESS ADVANTAGE
PO BOX 660409
DALLAS TX 75266

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$4,275.72

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.431. **Nonpriority creditor's name and mailing address**

STEPHEN WOLF
1003 QUAIL PARK DRIVE
AUSTIN TX 78758

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$4,550.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.432. **Nonpriority creditor's name and mailing address**

STERICYCLE, INC.
PO BOX 6575
CAROL STREAM IL 60197

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$35,928.25

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.433. **Nonpriority creditor's name and mailing address**

STERIQUIP, INC.
PO BOX 190
HUTTO TX 78634

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$11,303.67

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.434. **Nonpriority creditor's name and mailing address**

STERIS CORPORATION
PO BOX 676548
DALLAS TX 75267

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$4,274.93

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.435. **Nonpriority creditor's name and mailing address**

STRATEGIC HEALTHCARE PARTNERS, LLC
PO BOX 60969
SAVANNAH GA 31420

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$4,000.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.436. **Nonpriority creditor's name and mailing address**

STRYKER ENDOSCOPY - 71908
PO BOX 93276
CHICAGO IL 60673

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$65,086.27

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.437. **Nonpriority creditor's name and mailing address**

STRYKER INSTRUMENTS
5900 OPTICAL CT
SAN JOSE CA 95138

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$193,311.56

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.438. **Nonpriority creditor's name and mailing address**

STRYKER ORTHOPAEDICS
7373 KIRKWOOD CT STE 200
MAPLE GROVE MN 55369

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$140,541.18

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.439. **Nonpriority creditor's name and mailing address**

SUMMIT MEDICAL INC
815 NORTHWEST PKWY, STE 100
ST PAUL MN 55121

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$530.45

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.440. **Nonpriority creditor's name and mailing address**

SUMMIT SPINE
40132 INDUSTRIAL PARK CIR
SUITE 103
GEORGETOWN TX 78626

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$15,200.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.441. **Nonpriority creditor's name and mailing address**

SUNBELT STAFFING
PO BOX 934411
ATLANTA GA 31193

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.442. **Nonpriority creditor's name and mailing address**

SUPPLY CLINIC
180 N MICHIGAN AVE
STE 2010
CHICAGO IL 60601

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$229.50

3.443. **Nonpriority creditor's name and mailing address**

SURGALIGN SPINE TECHNOLOGIES, INC.
PO BOX 734031
CHICAGO IL 60673

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$17,931.00

3.444. **Nonpriority creditor's name and mailing address**

SURGERY STUFF LLC
6312 SEVEN CORNERS CTR
MAILBOX 177
FALLS CHURCH VA 22044

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☑ Contingent
- ☑ Unliquidated
- ☑ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$19,109.00

3.445. **Nonpriority creditor's name and mailing address**

SURGICAL PRODUCT SOLUTIONS LLC
PO BOX 645922
PITTSBURGH PA 15264

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$5,313.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.446. **Nonpriority creditor's name and mailing address**

SURGICAL SPECIALTIES CORP.
PO BOX 823444
PHILADELPHIA PA 19182

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$323.80

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.447. **Nonpriority creditor's name and mailing address**

SYMON MD, JULIA
1601 REDWOOD RD
SUITE C
SAN MARCOS TX 78666

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,286.30

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.448. **Nonpriority creditor's name and mailing address**

SYNAPTIXS IONM, LLC
550 N. CENTRAL EXPRESSWAY UNIT 2586
MCKINNEY TX 75070

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$4,050.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.449. **Nonpriority creditor's name and mailing address**

SYNERGY BIOMEDICAL LLC
565 E SWEDESFORD RD STE 310
WAYNE PA 19087

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$87,450.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.450. **Nonpriority creditor's name and mailing address**

SYNERGY SURGICAL LLC
TINA TYROPANIS
701 E PLANO PKWY STE 506
PLANO TX 75074

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,278,176.78

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.451. **Nonpriority creditor's name and mailing address**

SYSCO CENTRAL TEXAS, INC
1260 SCHWAB RD
NEW BRAUNFELS TX 78132

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$53,114.62

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.452. **Nonpriority creditor's name and mailing address**

SYSMEX AMERICA, INC.- 2001002852
28241 NETWORK PL
CHICAGO IL 60673

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$4,303.91

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.453. **Nonpriority creditor's name and mailing address**

TABBAND
7150 W ROOSEVELT ST
STE C113
PHOENIX AZ 85043

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$393.30

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.454. **Nonpriority creditor's name and mailing address**

TAHFM
516 AZTEC CIRCLE
ROBINSON TX 78706

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$100.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.455. **Nonpriority creditor's name and mailing address**

TEAM SERVICES
2201 PATTERSON INDUSTRIAL DR
STE 200
PFLUGERVILLE TX 78660

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$909.16

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.456. **Nonpriority creditor's name and mailing address**

TECHSCAN, INC.
PO BOX 189
MANCHACA TX 78652

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$625.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.457. **Nonpriority creditor's name and mailing address**

TEKTRONIX, INC
7416 COLLECTION CENTER DRIVE
CHICAGO IL 60693

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$309.97

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.458. **Nonpriority creditor's name and mailing address**

TERUMO MEDICAL CORP.
265 DAVIDSON AVE
SOMERSET NJ 08873

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$8,816.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.459. **Nonpriority creditor's name and mailing address**

TEX CAL INVENTORY SERVICE, INC.
PO BOX 6194
KATY TX 77491

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$1,050.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.460. **Nonpriority creditor's name and mailing address**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
PO BOX 149347
MC2003
AUSTIN TX 78714

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$3,640.00

3.461. **Nonpriority creditor's name and mailing address**

TEXAS DEPT. OF LICENSING & REGULATION
PO BOX 12157
AUSTIN TX 78711

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$490.00

3.462. **Nonpriority creditor's name and mailing address**

TEXAS MOLD CONSULTANTS
10816 CROWN COLONY DRIVE
SUITE 210
AUSTIN TX 78747

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$525.00

3.463. **Nonpriority creditor's name and mailing address**

THE ALLOCATION COMPANY, INC.
PO BOX 262488
PLANO TX 75026

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,162.50

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.464. **Nonpriority creditor's name and mailing address**

THE AQUARIUM COMPANY
2900 W ANDERSON LN C200352
AUSTIN TX 78757

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,727.68

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.465. **Nonpriority creditor's name and mailing address**

THE BRACE CENTER
1600 CENTRAL DR., SUITE 157
BEDFORD TX 76022

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,250.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.466. **Nonpriority creditor's name and mailing address**

THE PERSONNEL STORE
3000 E CESAR CHAVEZ ST.
400
AUSTIN TX 78702

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$42,627.48

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.467. **Nonpriority creditor's name and mailing address**

THE SALT GROUP
2123 SIDNEY BAKER STREET
KERRVILLE TX 78028

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$6,000.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.468. **Nonpriority creditor's name and mailing address**

THRIVE DYSPHAGIA THERAPY
18620 AMBERG PL
AUSTIN TX 78738

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$480.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.469. **Nonpriority creditor's name and mailing address**

TK ELEVATOR CORPORATION
PO BOX 3796
CAROL STREAM IL 60132

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$5,153.10

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.470. **Nonpriority creditor's name and mailing address**

TOBRA MEDICAL, INC.
PO BOX 1216
WAKE FOREST NC 27588

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$7,807.27

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.471. **Nonpriority creditor's name and mailing address**

TOM FOLEY UPHOLSTERY
4600 SETON CTR PKWY
APT 1005
AUSTIN TX 78759

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$8,459.56

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.472. **Nonpriority creditor's name and mailing address**

TORNIER INC
PO BOX 4631
HOUSTON TX 77210

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$18,292.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.473. **Nonpriority creditor's name and mailing address**

TOTALMED STAFFING
10 E COLLEGE AVE STE.300
APPLETON WI 54911

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$1,603.81

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.474. **Nonpriority creditor's name and mailing address**

TPX COMMUNICATIONS
DEPARTMENT 3279
PO BOX 123279
DALLAS TX 75312

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$3,118.09

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.475.	TRAVIS COUNTY TAX OFFICE PO BOX 149328 5501 AIRPORT BLVD AUSTIN TX 78714 **Date or dates debt was incurred** _____ **Last 4 digits of account number:**	☑ Contingent ☐ Unliquidated ☑ Disputed **Basis for the claim:** JUDGMENT CREDITOR **Is the claim subject to offset?** ☐ No ☑ Yes	$112,831.39
3.476.	TRAVIS TILE SALES, CO. 3811 AIRPORT BLVD. AUSTIN TX 78722 **Date or dates debt was incurred** VARIOUS **Last 4 digits of account number:**	☐ Contingent ☑ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	$1,504.71
3.477.	TRUSTAFF, LLC PO BOX 63-8231 CINCINNATI OH 45263 **Date or dates debt was incurred** VARIOUS **Last 4 digits of account number:**	☐ Contingent ☑ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	$19,335.53

3.478. **Nonpriority creditor's name and mailing address**

TUMI STAFFING USA INC.
AP FBO TUMI STAFFING USA INC
PO BOX 823473
PHILADELPHIA PA 19182

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$130,229.45

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.479. **Nonpriority creditor's name and mailing address**

TYPENEX MEDICAL LLC
303 EAST WACKER DR STE 1030
CHICAGO IL 60601

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,786.09

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.480. **Nonpriority creditor's name and mailing address**

U.S. MED-EQUIP, INC.
PO BOX 4339
HOUSTON TX 77210

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,908.59

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.481. **Nonpriority creditor's name and mailing address**

UBEO LLC
PO BOX 791070
SAN ANTONIO TX 78279

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$24,594.38

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.482. **Nonpriority creditor's name and mailing address**

ULTIMATE BIOMEDICAL SOLUTIONS LLC
6315-B FM 1488 #138
MAGNOLIA TX 77354

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$8,090.33

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.483. **Nonpriority creditor's name and mailing address**

US ACUTE CARE SOLUTIONS
4535 DRESSLER RD NW
CANTON OH 44718

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$277,356.34

Date or dates debt was incurred

_____

Basis for the claim:

JUDGMENT CREDITOR

Last 4 digits of account number:

Is the claim subject to offset?

☐ No
☑ Yes

3.484. **Nonpriority creditor's name and mailing address**

US COMPOUNDING, INC.
PO BOX 2709
CONWAY AR 72033

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$150.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.485. **Nonpriority creditor's name and mailing address**

US IMPLANTS, LLC DBA I.T.S. USA
650 SOUTH CENTRAL AVE SUITE 1000
OVIEDO FL 32765

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$3,139.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.486. **Nonpriority creditor's name and mailing address**

US VENTS, INC.
PO BOX 734
BOERNE TX 78006

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$600.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.487. **Nonpriority creditor's name and mailing address**

USA TODAY
PO BOX 677446
DALLAS TX 75267

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$299.90

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.488. **Nonpriority creditor's name and mailing address**

UTAH MEDICAL PRODUCTS, INC.
7043 SOUTH 300 WEST
MIDVALE UT 84047

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$239.53

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.489. **Nonpriority creditor's name and mailing address**

VALOR MECHANICAL SERVICES INC.
12308 TWIN CREEK RD
MANCHACA TX 78652

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$20,769.41

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.490. **Nonpriority creditor's name and mailing address**

VAN NORMAN, LLC
7305-B BANDERA RANCH TRAIL
AUSTIN TX 78750

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,000.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.491. **Nonpriority creditor's name and mailing address**

VANDEGRIFT FOOTBALL BOOSTER CLUB
2516 RIO MESA DR
AUSTIN TX 78732

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,500.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.492. **Nonpriority creditor's name and mailing address**

VANGUARD FIRE SYSTEMS, LP
2340 PATTERSON INDUSTRIAL DR
PFLUGERVILLE TX 78660

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$6,672.53

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.493. **Nonpriority creditor's name and mailing address**

VEE TECHNOLOGIES, INC.
PO BOX 732709
DALLAS TX 75373

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$2,639.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.494. **Nonpriority creditor's name and mailing address**

VELOCITYEHS
27185 NETWORK PLACE
CHICAGO IL 60673

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$3,516.74

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.495. **Nonpriority creditor's name and mailing address**

VENTILATORS PLUS.COM
PO BOX 471
HUNTINGTON CA 92648

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$174.42

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.496. **Nonpriority creditor's name and mailing address**

VEP HEALTHCARE INC.
1001 GALAXY WAY
STE 400
CONCORD CA 94520

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☑ Contingent
- ☐ Unliquidated
- ☑ Disputed

Basis for the claim:

JUDGMENT CREDITOR

Is the claim subject to offset?

- ☐ No
- ☑ Yes

Amount of claim

$715,141.66

3.497. **Nonpriority creditor's name and mailing address**

VILLEDA BUILDING SERVICES LLC
16804 BREWER BLACKBIRD DR
PFLUGERVILLE TX 78660

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$909.30

3.498. **Nonpriority creditor's name and mailing address**

VISTALAB TECHNOLOGIES, INC
2 GENEVA ROAD
BREWSTER NY 10509

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$191.34

3.499. **Nonpriority creditor's name and mailing address**

VIVEX BIOLOGICS, INC
3200 WINDY HILL ROAD SE
STE 1650-W
ATLANTA GA 30339

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$24,000.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.500. **Nonpriority creditor's name and mailing address**

WALSH IMAGING
55 CANNONBALL ROAD
POMPTON LAKES NJ 07442

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$3,200.63

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.501. **Nonpriority creditor's name and mailing address**

WAY SERVICE, LTD
PO BOX 36530
HOUSTON TX 77236

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$4,058.86

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.502. **Nonpriority creditor's name and mailing address**

WENZEL SPINE, INC
1130 RUTHERFORD LANE, SUITE 200
AUSTIN TX 78753

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$7,690.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.503. **Nonpriority creditor's name and mailing address**

WERFEN USA LLC
PO BOX 347934
PITTSBURGH PA 15251

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$2,778.66

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.504. **Nonpriority creditor's name and mailing address**

WEST COAST MEDICAL RESOURCES LLC
PO BOX 839
CLEARWATER FL 33756

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$16,156.40

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.505. **Nonpriority creditor's name and mailing address**

WESTERN HEALTHCARE
13155 NOEL RD STE 800
DALLAS TX 75240

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$282,946.09

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.506. **Nonpriority creditor's name and mailing address**

WESTLAKE EMERGENCY PHYSICIANS, P.A.
4535 DRESSLER RD NW
CANTON OH 44718

As of the petition filing date, the claim is: *Check all that apply.*

- ☑ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$404,167.00

Date or dates debt was incurred

_____

Basis for the claim:

JUDGMENT CREDITOR

Last 4 digits of account number:

Is the claim subject to offset?

- ☐ No
- ☑ Yes

3.507. **Nonpriority creditor's name and mailing address**

WESTLAKE FIRE DEPARTMENT
PO BOX 162170
AUSTIN TX 78716

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Amount of claim

$100.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.508. **Nonpriority creditor's name and mailing address**

WESTLAKE FIRE DEPT/TRAVIS CO ESD 9
PO BOX 162170
AUSTIN TX 78716

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$100.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.509. **Nonpriority creditor's name and mailing address**

WESTLAKE HILL SURGERY CENTER
4701 BEE CABES SUITE 2003
AUSTIN TX 78746

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$3,075.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.510. **Nonpriority creditor's name and mailing address**

WESTLAKE MEDICAL CENTER - PHASE II
PO BOX 161507
AUSTIN TX 78716

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,580,549.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

AFFILIATE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.511. **Nonpriority creditor's name and mailing address**

WESTLAKE MEDICAL CENTER LTD.
DON R. MILLER II
5656 BEE CAVES RD
STE F-201
AUSTIN TX 78746

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

AFFILIATE PAYABLE

Is the claim subject to offset?

☐ No
☑ Yes

Amount of claim

$217,826.00

3.512. **Nonpriority creditor's name and mailing address**

WESTLAKE MEDICAL CONSULTANTS
3267 BEE CAVES RD STE 107286
AUSTIN TX 78746

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

AFFILIATE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$35,135.00

3.513. **Nonpriority creditor's name and mailing address**

WESTLAKE MEDICAL OF AUSTIN, LTD.
PO BOX 161507
AUSTIN TX 78716

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$106.10

3.514. **Nonpriority creditor's name and mailing address**

WESTRISE, LLC
3003 BEE CAVES ROAD
AUSTIN TX 78746

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

VARIOUS

Basis for the claim:

AFFILIATE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☐ No
☑ Yes

3.515. **Nonpriority creditor's name and mailing address**

WHS CHAPS CLUB/BASKETBALL
8518 NEW HAMPSHIRE DR
AUSTIN TX 78758

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,400.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.516. **Nonpriority creditor's name and mailing address**

WICK PHILLIPS GOULD & MARTIN
P.O BOX 50678
LOS ANGELES CA 90074

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$23,682.49

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.517. **Nonpriority creditor's name and mailing address**

WILLBANKS
735 BUFFALO RUN
MISSOURI CITY TX 77489

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$2,132.52

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.518. **Nonpriority creditor's name and mailing address**

WOLTERS KLUWER HEALTH
530 WALNUT STREET
PHILADELPHIA, PA 19106

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$209.19

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.519. **Nonpriority creditor's name and mailing address**

WORTH HYDROCHEM OF AUSTIN, INC.
PO BOX 8288
ROUND ROCK TX 78683

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$9,555.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.520. **Nonpriority creditor's name and mailing address**

WRIGHT MEDICAL TECHNOLOGY, INC.
POB 503482
ST LOUIS MO 63150

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$22,351.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.521. **Nonpriority creditor's name and mailing address**

XTANT MEDICAL, INC.
DEPT CH 16872
PALANTINE IL 60055

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.522. **Nonpriority creditor's name and mailing address**

YES PRINTING
2600 LONGHORN BLVD STE 108
AUSTIN TX 78758

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$410.05

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.523. **Nonpriority creditor's name and mailing address**

ZIEHM-ORTHOSCAN INC - 24632
6280 HAZELTINE NATIONAL DRIVE
ORLANDO FL 32822

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$5,304.26

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.524. **Nonpriority creditor's name and mailing address**

ZIMMER BIOMET - 82053
75 REMITTANCE DR
STE 3283
CHICAGO IL 60675

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$587,767.33

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.525. **Nonpriority creditor's name and mailing address**

ZIMMER BIOMET SPINE INC -100139
1800 W CENTER ST
WARSAW IN 46580

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Amount of claim

$1,174.63

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.526.	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**Amount of claim**
	ZOOM VIDEO COMMUNICATIONS INC. 55 ALMADEN BLVD., 6TH FLOOR SAN JOSE CA 95113	☐ Contingent ☑ Unliquidated ☐ Disputed	$63.68
	Date or dates debt was incurred	**Basis for the claim:**	
	VARIOUS	TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?**	
		☑ No ☐ Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
BARNETT & GARCIA, PLLC LAWRENCE JOHN FALLI 3821 JUNIPER TRACE STE 108 AUSTIN TX 78738-5514	Part 2 line 3.109	_____
BOSTON SCIENTIFIC JANINE KARWACKI COLLECTIONS MANAGER 300 BOSTON SCIENTIFIC WAY MARLBOROUGH MA 01752	Part 2 line 3.117	_____
BRADLEY ARANT BOULT CUMMINGS LLP JAY R BENDER TRUIST CENTER 214 NORTH TRYON ST.,STE 3700 CHARLOTTE NC 28202	Part 2 line 3.301	_____
BRISTOL & DUBIEL LLP JOHN K. DUBIEL 10440 N. CENTRAL EXPY SUITE 800 DALLAS TX 75231	Part 2 line 3.420	_____
DAVIS BUSINESS LAW J. MICHAEL MORRISON 6500 RIVER PLACE BLVD. BUILDING 7, STE 250 AUSTIN TX 78730	Part 2 line 3.315	_____
DEPUY SYNTHES SALES KAREN KRATZSCH LEGAL COORDINATOR 1302 WRIGHTS LANE EAST WEST CHESTER PA 19380	Part 2 line 3.179	_____
DJO SURGICAL RICHARD SEAMAN AR OPERATIONS 5919 SEA OTTER PLACE SUITE 200 CARLSBAD CA 92010	Part 2 line 3.185	_____
FAEGRE DRINKER BIDDLE & REATH LLP KRISTEN L PERRY 1717 MAIN ST.,STE 5400 DALLAS TX 75201	Part 2 line 3.525	_____
FAEGRE DRINKER BIDDLE & REATH LLP KRISTEN L PERRY 1717 MAIN ST.,STE 5400 DALLAS TX 75201	Part 2 line 3.524	_____
FLEISCHER, FLEISCHER & SUGLIA, P.C. BRIAN M. FLEISCHER 1 LIBERTY PLACE 1650 MARKET STREET, 36TH FLOOR PHILADELPHIA PA 19103	Part 2 line 3.177	_____

FREEDMAN, PRICE & ANZIANI, P.C. STEPHEN E. PRICE 1102 WEST AVE. #200 AUSTIN TX 78701	Part 2 line 3.521	_____
FREEDMAN, PRICE & ANZIANI, P.C. STEPHEN E. PRICE 1102 WEST AVE. #200 AUSTIN TX 78701	Part 2 line 3.218	_____
FREEDMAN, PRICE & ANZIANI, P.C. STEPHEN E. PRICE 1102 WEST AVE. #200 AUSTIN TX 78701	Part 2 line 3.240	_____
HALLETT & PERRIN BRYAN P. STEVENS 1445 ROSS AVE SUITE 2400 DALLAS TX 75202	Part 2 line 3.368	_____
HUSCH BLACKWELL DANIELLE A. GILBERT 111 CONGRESS AVENUE SUITE 1400 AUSTIN TX 78701	Part 2 line 3.104	_____
HUSCH BLACKWELL LLP LYNN HAMILTON BUTLER 111 CONGRESS AVE.,STE 1400 AUSTIN TX 78701	Part 2 line 3.172	_____
JACKSON WALKER LLP BEAU H BUTLER 100 CONGRESS STE 1100 AUSTIN TX 78701	Part 2 line 3.510	_____
JACKSON WALKER LLP JENNIFER F WERTZ 100 CONGRESS STE 1100 AUSTIN TX 78701	Part 2 line 3.510	_____
LAW OFFICES OF RAY BATTAGLIA PLLC RAYMOND W. BATTAGLIA 66 GRANBURG CIRCLE SAN ANTONIO TX 78218	Part 2 line 3.312	_____
LIGHTFOOT FRANKLIN & WHITE, LLC JARED ISSAC LEVINTHAL 1885 SAINT JAMES PL STE 1150 HOUSTON TX 77056	Part 2 line 3.506	_____
LIGHTFOOT FRANKLIN & WHITE, LLC JARED ISSAC LEVINTHAL 1885 SAINT JAMES PL STE 1150 HOUSTON TX 77056	Part 2 line 3.496	_____
LUBEL VOYLES LLP LANCE LUBEL 675 BERING DR # 850 HOUSTON TX 77057	Part 2 line 3.114	_____

MEDELY INC JENNIFER ALEXANDER LARGE BALANCE COLLECTOR 2121 AIRLINE DRIVE SUITE 520 METAIRIE LA 70001	Part 2 line 3.298	_____
MEDITECH SPINE LLC MARTY MATAMOROS PRINCIPAL/COLLECTOR 22817 VENTURA BLVD NO. 200 WOODLAND HILLS CA 91364	Part 2 line 3.305	_____
MORITT HOCK & HAMROFF LLP LESLIE A BERKOFF 400 GARDEN CITY PLAZA GARDEN CITY NY 11530	Part 2 line 3.131	_____
NARRON DRAKE SAINTSING & MYERS, LLP CAREN D. ENLOE; SMITH DEBNAM PO BOX 176010 RALEIGH NC 27619-6010	Part 2 line 3.44	_____
NELSON MULLINS LEE D. WEDEKIND, III 500 N. LAURA STREET 41ST FLOOR JACKSONVILLE FL 32202	Part 2 line 3.333	_____
OLYMPUS AMERICA INC. ATTN: JENNIFER SLIFER GENERAL COUNSEL 3500 CORPORATE PKWY CENTER VALLEY PA 18034	Part 2 line 3.343	_____
PHILIPS GLOBAL BUSINESS SERVICES-ATTN: EDGAR CORNEJO SUBJECT MATTER EXPERT – COLLECTIONS MGMT PO BOX 198726 NASHVILLE TN 37219	Part 2 line 3.366	_____
RIGBY SLACK SOPHIE I. MYERS 3500 JEFFERSON STREET STE 330 AUSTIN TX 78731	Part 2 line 3.261	_____
STRYKER INSTRUMENTS ROB FLETCHER VP, CHIEF LEGAL OFFICER 2825 AIRVIEW BOULEVARD KALAMAZOO MI 49002	Part 2 line 3.437	_____
SUNBELT STAFFING VALERIE ECHEVARRIA 3687 TAMPA RD STE 200 OLDSMAR FL 34677	Part 2 line 3.441	_____
SYNERGY SURGICAL LLC SCOTT HAGER PRINCIPAL OWNER #1 701 EAST PLANO PKWY STE 506 PLANO TX 75074	Part 2 line 3.450	_____

THE PERSONNEL STORE SCOTT CUNNINGHAM PRESIDENT & CEO 823 CONGRESS AVENUE STE 210 AUSTIN TX 78701	Part 2 line 3.466	_____
THE POSEY LAW FIRM P.C. C. JAKE POSEY 408 W. 11TH 5TH FLOOR AUSTIN TX 78701	Part 2 line 3.444	_____
TRAVIS COUNTY ATTORNEY'S OFFICE ATTN: JAVIER B. GUTIERREZ 314 W. 11TH STREET 3RD FLOOR AUSTIN TX 78701-2112	Part 2 line 3.475	_____
VOGT RESNICK SHERAK, LLP 4400 MACARTHUR BLVD. 9TH FLOOR NEWPORT BEACH CA 92660	Part 2 line 3.40	_____
WICKS PHILLIPS GOULD & MARTIN LLP BRANT C. MARTIN 100 THROCKMORTON ST. STE 1500 FORT WORTH TX 76102-2845	Part 2 line 3.337	_____
WINSTEAD PC PHILLIP LAMBERSON ANNMARIE CHIARELLO 500 WINSTEAD BUILDING 2728 N. HARWOOD STREET DALLAS TX 75201	Part 2 line 3.74	_____
WINSTEAD PC PHILLIP LAMBERSON ANNMARIE CHIARELLO 500 WINSTEAD BUILDING 2728 N. HARWOOD STREET DALLAS TX 75201	Part 2 line 3.76	_____

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

				Total of claim amounts
5a.	**Total claims from Part 1**	5a.		$283,009.68
5b.	**Total claims from Part 2**	5b.	**+**	$28,085,710.67
5c.	**Total of Parts 1 and 2** Lines 5a + 5b = 5c.	5c.		$28,368,720.35

Fill in this information to identify the case:

Debtor name: Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center

United States Bankruptcy Court for the: Western District of Texas

Case number (if known): 23-10747

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

☑ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2.	**List all contracts and unexpired leases**		**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
2.1.	**Title of contract**	SOFTWARE LICENSE AGREEMENT	3M HEALTH INFORMATION SYSTEMS, INC. MICHELLE DOYLE 575 WEST MURRAY BLVD. MURRAY UT 84123
	State what the contract or lease is for	PATIENT PAYMENT PLATFORM	
	Nature of debtor's interest	_____	
	State the term remaining	10/27/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.2.	**Title of contract**	BUSINESS ASSOCIATE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTH INFORMATION SOLUTIONS	
	Nature of debtor's interest	_____	3M HEALTH INFORMATION SYSTEMS, INC. PAULETTE BRIMLEY 575 WEST MURRAY BLVD. MURRAY UT 84123
	State the term remaining	SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.3.	**Title of contract**	ASSET PURCHASE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	ACQUISITION	
	Nature of debtor's interest	_____	5TH VITAL HEALTHCARE AUSTIN, LLC JERRY DEVRIES, COLIN SCULLY 3003 BEE CAVES ROAD AUSTIN TX 78746
	State the term remaining	_____	
	List the contract number of any government contract	_____	

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.4.	**Title of contract**	NEUROMODULATION PRODUCTS PURCHASE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MEDICAL DEVICE PRODUCTS	ABBOTT LABORATORIES INC. ZEKE LEE 6300 BEE CAVE ROAD BLDG. TWO, STE 100 AUSTIN TX 78746
	Nature of debtor's interest	_____	
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.5.	**Title of contract**	FACILITY STAFFING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE RECRUITER	ACADIA WORKFORCE DBA NURSING GROUP JUAN ESPARZA 3009 EDGE CREEK ROAD ROUND ROCK TX 78681
	Nature of debtor's interest	_____	
	State the term remaining	07/23/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.6.	**Title of contract**	BUSINESS ASSOCIATE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PROVIDER OF SERVICES OR PRODUCTS FOR PRIVATE HEALTHCARE INFORMATION	ACADIA WORKFORCE DBA NURSING GROUP JUAN ESPARZA 3009 EDGE CREEK ROAD ROUND ROCK TX 78681
	Nature of debtor's interest	_____	
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.7.	**Title of contract**	N/A	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING	ACCOUNTABILITY RESOURCES LLC JENNIFER JENKINS 6300 BRIDGEPOINT PKWY. BUILDING 1 SUITE 250 AUSTIN TX 78730
	Nature of debtor's interest	_____	
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.8.	**Title of contract**	ADDENDUM EXTENSION TO AGREEMENT FOR TRANSCRIPTION SERVICES	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PROVIDES TRANSCRIPTION SERVICES TO PHYSICIANS AND PROFESSIONALS	ACUSIS, LLC LARRY JACKSON 4 SMITHFIELD STREET PITTSBURGH PA 15222
	Nature of debtor's interest	_____	
	State the term remaining	08/15/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.9.	**Title of contract**	MERCHANT APPLICATION / PROCESSING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CREDIT CARD PROCESSING EQUIPMENT	
	Nature of debtor's interest	_____	ADVANCED MERCHANT SERVICES 722 W CHAMPMAN AVE. #H ORANGE CA 92868
	State the term remaining	EFFECTIVE UNTIL TERMINATED	
	List the contract number of any government contract	_____	
2.10.	**Title of contract**	PATIENT TRANSFER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	TRANSFER OF PATIENTS	
	Nature of debtor's interest	_____	AESTHETIC PHYSICIANS, PC, D/B/A SONO BELLO BODY CONTOUR CENTERS 8525 E. PINNACLE PEAK ROAD STE 101 SCOTTSDALE AZ 85255
	State the term remaining	01/01/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.11.	**Title of contract**	HOSPITAL SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTH BENEFITS	
	Nature of debtor's interest	_____	AETNA HEALTH, INC. GREG E. STEVENS 2777 N. STEMMONS FREEWAY SUITE 1450 DALLAS TX 75207
	State the term remaining	08/15/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.12.	**Title of contract**	BUSINESS ASSOCIATE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CODING SERVICES	
	Nature of debtor's interest	_____	AGS HEALTH LLC PATRICIA WOLFE 1015 18TH STREET NW SUITE 1101 WASHINGTON DC 20036
	State the term remaining	11/14/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.13.	**Title of contract**	PATIENT TRANSPORTATION SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	AMBULANCE TRANSPORTATION SERVICES	
	Nature of debtor's interest	_____	ALLEGIANCE BLUEBIRD MEDICAL ENTERPRISES, LLC V AMANDA BAUM 3201 SOUTH AUSTIN AVENUE STE. 335 GEORGETOWN TX 78626
	State the term remaining	08/03/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.14.	**Title of contract**	EQUIPMENT FINANCING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	EQUIPMENT	
	Nature of debtor's interest	_____	ALLIANCE FUNDING GROUP 17542 17TH STREET STE 200 TUSTIN CA 92780
	State the term remaining	60 MONTH TERM	
	List the contract number of any government contract	_____	
2.15.	**Title of contract**	EXTERNSHIP AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	STUDENT EDUCATIONAL PROGRAM	
	Nature of debtor's interest	_____	ALLIED HEALTH CAREERS BRANCH CAPITAL CITY TRADE AND TECHNICAL SCHOOL DR. DENNIS CHILDERS 5424 HWY 290 WEST #105 AUSTIN TX 78735
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.16.	**Title of contract**	MASTER CLIENT AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE SOFTWARE	
	Nature of debtor's interest	_____	ALLSCRIPTS 222 W MERCHANDISE MART PLAZA #2024 CHICAGO IL 60654
	State the term remaining	12/21/2023, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.17.	**Title of contract**	LICENSE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CREDENTIAL PROFILE	
	Nature of debtor's interest	_____	AMERICA MEDICAL ASSOCIATION SUSAN WILSON 330 NORTH WABASH CHICAGO IL 60611
	State the term remaining	09/30/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.18.	**Title of contract**	CARDMEMBER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HOSPITAL CREDIT CARD	
	Nature of debtor's interest	_____	AMERICAN EXPRESS MERCHANT SERVICES 200 VESEY STREET MANHATTAN NEW YORK NY 10281
	State the term remaining	EFFECTIVE UNTIL TERMINATED	
	List the contract number of any government contract	_____	

2.19.	**Title of contract**	CARDMEMBER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HOSPITAL CREDIT CARD	
	Nature of debtor's interest	_____	AMERICAN EXPRESS MERCHANT SERVICES 200 VESEY STREET MANHATTAN NEW YORK NY 10281
	State the term remaining	EFFECTIVE UNTIL TERMINATED	
	List the contract number of any government contract	_____	
2.20.	**Title of contract**	HEALTHCARE STAFFING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	TRAVEL NURSE AGENCY	
	Nature of debtor's interest	_____	AMN HEALTHCARE, INC. KIM HOWARD 12400 HIGH BLUFF DRIVE SUITE 100 SAN DIEGO CA 92130
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.21.	**Title of contract**	MASTER SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING	
	Nature of debtor's interest	_____	AMN WORKFORCE SOLUTIONS, LLC LINDA MURPHY 302 KNIGHTS RUN AVENUE S-1025 TAMPA FL 33602
	State the term remaining	09/30/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.22.	**Title of contract**	LINEN AND LAUNDRY SERVICES CONTRACT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HOSPITAL LINEN AND LAUNDRY SERVICES	
	Nature of debtor's interest	_____	ANGELICA TEXTILES 1307 SMITH RD. AUSTIN TX 78721
	State the term remaining	10/20/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.23.	**Title of contract**	SUBSCRIPTION SERVICE ADDENDUM TO MASTER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CLOUD-BASED CREDENTIALING SOFTWARE FOR HEALTHCARE INDUSTRY	
	Nature of debtor's interest	_____	APPLIED STATISTICS & MANAGEMENT NICKOLAUS PHAN PO BOX 2738 TEMECULA CA 92593
	State the term remaining	05/12/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.24.	**Title of contract**	LABORATORY AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	LAB TESTING	
	Nature of debtor's interest	_____	ARISE HEALTHCARE SYSTEM, LLC DBA ARISE AUSTIN MEDICAL CENTER 3003 BEE CAVES ROAD AUSTIN TX 78746
	State the term remaining	08/25/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.25.	**Title of contract**	MUTUAL NON-DISCLOSURE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	NON-DISCLOSURE	
	Nature of debtor's interest	_____	ARISE HEALTHCARE SYSTEM, LLC DBA ARISE AUSTIN MEDICAL CENTER 3003 BEE CAVES ROAD AUSTIN TX 78746
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.26.	**Title of contract**	EMPLOYEE LOANING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	EMPLOYEE LOANING	
	Nature of debtor's interest	_____	ARISE HEALTHCARE SYSTEM, LLC DBA ARISE AUSTIN MEDICAL CENTER JOHN WEINBERG 3003 BEE CAVES ROAD AUSTIN TX 78746
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.27.	**Title of contract**	AFFILIATION AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CLINICAL TRAINING AND EDUCATIONAL PURPOSES	
	Nature of debtor's interest	_____	ARIZONA BOARD OF REGENTS 2700 N. CENTRAL AVENUE SUITE 400 PHOENIX AZ 85004
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.28.	**Title of contract**	SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	WESTLAKE TO PROVIDE SERVICES TO AHG PATIENTS	
	Nature of debtor's interest	_____	ASSIST HEALTH GROUP (AHG) 2100 VALLEY VIEW LN. #490 FARMERS BRANCH TX 75234
	State the term remaining	_____	
	List the contract number of any government contract	_____	

2.29.	**Title of contract**	AGREEMENT FOR CONTRACTOR SERVICES	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	TRAVEL NURSE AGENCY	
	Nature of debtor's interest	_____	ATLAS MEDSTAFF 11840 NICHOLAS ST. STE. 215 OMAHA NE 68154
	State the term remaining	10/14/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.30.	**Title of contract**	MANAGEMENT SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HOSPITAL MANAGER	
	Nature of debtor's interest	_____	ATTILA MANAGEMENT, LLC MICHAEL WELCH 1801 CENTURY PARK EAST SUITE 2240 LOS ANGELES CA 90067
	State the term remaining	01/21/2038, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.31.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	GENERATOR SERVICING	
	Nature of debtor's interest	_____	AUSTIN FLEET MAINTENANCE, INC. DBA FLEET MAINTENANCE OF TEXAS TAYLOR RUSSO 1806 HYDRO DRIVE AUSTIN TX 78728
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.32.	**Title of contract**	EMERGENCY PATIENT TRANSFER CONTRACT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	TRANSFER OF PATIENTS	
	Nature of debtor's interest	_____	AUSTIN FOOT AND ANKLE SPECIALIST THOMAJAN FOOT CARE, P. A. 5000 BEE CAVES ROAD SUITE 202 AUSTIN TX 78746
	State the term remaining	02/23/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.33.	**Title of contract**	HOSPITALIST SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	ON CALL PHYSICIAN COVERAGE	
	Nature of debtor's interest	_____	AUSTIN MEDICINE CONSULTANTS, PLLC EMILY KUO, D.O. 3736 BEE CAVES ROAD SUITE 1-134 WESTLAKE HILLS TX 78746
	State the term remaining	06/02/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	

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2.34.	**Title of contract**	MANAGEMENT SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MANAGEMENT SERVICES	
	Nature of debtor's interest	_____	AUSTIN NEURO SURGEONS DANIEL PETERSON, MD 3003 BEE CAVES RD. STE. 201 AUSTIN TX 78746
	State the term remaining	04/01/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.35.	**Title of contract**	TRANSFER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	TRANSFER OF PATIENTS	
	Nature of debtor's interest	_____	AUSTIN PAIN WELLNESS ROBER P. WILLS 2745 BEE CAVE ROAD SUITE 101 AUSTIN TX 78746
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.36.	**Title of contract**	BUSINESS ASSOCIATE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	RADIOLOGY SERVICES	
	Nature of debtor's interest	_____	AUSTIN RADIOLOGICAL ASSOCIATION, MSO, LLC DOYLE RABE 1900 STONELAKE BLVD. SUITE A-250 AUSTIN TX 78759
	State the term remaining	ONE MEDICAL PASSPORT, INC.	
	List the contract number of any government contract	_____	
2.37.	**Title of contract**	PURCHASER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SUPPLY VENDOR PRODUCTS	
	Nature of debtor's interest	_____	BAXTER HEALTHCARE CORPORATION KRISTA WEBER 1 BAXTER PKWY DEERFIELD IL 60015
	State the term remaining	12/31/2023, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.38.	**Title of contract**	HOSPITAL TRANSFER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MEDICAL FACILITY	
	Nature of debtor's interest	_____	BAYLOR SCOTT PHILLIPPE BOR 100 MEDICAL PARKWAY LAKEWAY TX 78738
	State the term remaining	11/04/2025, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	

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2.39.	**Title of contract**	FACILITY SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING PROVIDER	
	Nature of debtor's interest		BEECH STREET CORPORATION DANIEL J. MARION 25500 COMMERCENTRE DRIVE LAKE FOREST CA 92630
	State the term remaining		
	List the contract number of any government contract		
2.40.	**Title of contract**	SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PERFUSION SERVICES	
	Nature of debtor's interest		BLUE BLOOD PERFUSION GROUP LLC NICK PATSOR PO BOX 302379 AUSTIN TX 78703
	State the term remaining	07/27/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract		
2.41.	**Title of contract**	AMENDMENT TO HOSPITAL AGREEMENT FOR BLUE ESSENTIALS NETWORK	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTH INSURANCE PROVIDER	
	Nature of debtor's interest		BLUE CROSS BLUE SHIELD SHARA MCCLURE 1001 E LOOKOUT DRIVE RICHARDSON TX 75082
	State the term remaining		
	List the contract number of any government contract		
2.42.	**Title of contract**	AMENDMENT TO HOSPITAL AGREEMENT FOR HMO MEDICAID MANAGED CARE PROGRAM PARTICIPANTS	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTH INSURANCE PROVIDER	
	Nature of debtor's interest		BLUE CROSS BLUE SHIELD SHARA MCCLURE 1001 E LOOKOUT DRIVE RICHARDSON TX 75082
	State the term remaining		
	List the contract number of any government contract		
2.43.	**Title of contract**	AMENDMENT TO HOSPITAL AGREEMENT FOR TRADITIONAL INDEMNITY BUSINESS	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTH INSURANCE PROVIDER	
	Nature of debtor's interest		BLUE CROSS BLUE SHIELD SHARA MCCLURE 1001 E LOOKOUT DRIVE RICHARDSON TX 75082
	State the term remaining		
	List the contract number of any government contract		

2.44.	**Title of contract**	AMENDMENT TO HOSPITAL AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTH INSURANCE PROVIDER	
	Nature of debtor's interest	_____	BLUE CROSS BLUE SHIELD SHARA MCCLURE 1001 E LOOKOUT DRIVE RICHARDSON TX 75082
	State the term remaining	04/15/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.45.	**Title of contract**	REBATE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	REBATE	
	Nature of debtor's interest	_____	BOSTON SCIENTIFIC CORPORATION S JACOB AND WOLF LP ANGELA EKE 116 WALCOURT LOOP COLLEGE STATION TX 77845
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.46.	**Title of contract**	EMPLOYMENT AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CHIEF FINANCIAL OFFICER	
	Nature of debtor's interest	_____	BYRON LUETTERS 5656 BEE CAVES RD STE M302 AUSTIN TX 78746
	State the term remaining	EFFECTIVE UNTIL TERMINATED	
	List the contract number of any government contract	_____	
2.47.	**Title of contract**	DIRECT PLACEMENT AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING	
	Nature of debtor's interest	_____	CAMERON SEARCH STAFFING 244 5TH AVE NEW YORK NY 10001
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.48.	**Title of contract**	PARTICIPATING AGENCY/SUBCONTRACTOR AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HOSPITAL FUNDING	
	Nature of debtor's interest	_____	CAPITAL AREA TRAUMA REGIONAL ADVISORY COUNCIL (CATRAC) 4100 ED BLUESTEIN BLVD. SUITE 200 AUSTIN TX 78721
	State the term remaining	6/30/2022	
	List the contract number of any government contract	_____	

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2.49.	**Title of contract**	EXTERNSHIP AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	STUDENT EXTERNSHIP	
	Nature of debtor's interest	_____	CAPITOL CITY TRADE AND TECHNICAL SCHOOL ALLIED HEALTH CAREERS BRANCH 205 E RIVERSIDE DR AUSTIN TX 78704
	State the term remaining	EFFECTIVE UNTIL TERMINATED	
	List the contract number of any government contract	_____	
2.50.	**Title of contract**	COMMITMENT AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PHARMACEUTICAL PRODUCTS DISTRIBUTION SERVICES	
	Nature of debtor's interest	_____	CARDINAL HEALTH 108, LLC 7000 CARDINAL PLACE DUBLIN OH 43107
	State the term remaining	8/31/2026	
	List the contract number of any government contract	_____	
2.51.	**Title of contract**	BUSINESS ASSOCIATE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CLINICAL OPERATIONS CONSULTANT	
	Nature of debtor's interest	_____	CAROLYN MASOOD ADDRESS UNKNOWN
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.52.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HVAC MAINTENANCE PLAN	
	Nature of debtor's interest	_____	CARRIER 13995 PASTEUR BLVD. PALM BEACH GARDENS FL 33418
	State the term remaining	03/10/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.53.	**Title of contract**	MANAGEMENT SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MANAGEMENT SERVICES	
	Nature of debtor's interest	_____	CENTRAL TEXAS ORTHOPEDICS SCOTT WELSH, MD 3003 BEE CAVES RD. STE. 201 AUSTIN TX 78746
	State the term remaining	09/01/2025, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	

2.54. **Title of contract** AMENDMENT NO. 1 TO MANAGEMENT SERVICES AGREEMENT

State what the contract or lease is for MANAGEMENT SERVICES

Nature of debtor's interest _____

State the term remaining 09/01/2024, SUBJECT TO AUTOMATIC RENEWAL

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

CENTRAL TEXAS SPINE INSTITUTE
RANDALL DRYER
6818 AUSTIN CENTER BLVD.
SUITE 200
AUSTIN TX 78731

2.55. **Title of contract** PROXY AGREEMENT

State what the contract or lease is for BID AGREEMENT FOR EQUIPMENT

Nature of debtor's interest _____

State the term remaining _____

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

CENTURION SERVICES GROUP, LLC
3325 MOUNT PROSPECT ROAD
FRANKLIN PARK IL 60131

2.56. **Title of contract** CYBER PROTECTION PACKAGE

State what the contract or lease is for CYBER SECURITY SERVICES

Nature of debtor's interest _____

State the term remaining _____

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

CHUBB INDEMNITY INSURANCE COMPANY OF NORTH AMERICA
CHUBB CUSTOMER SERVICES
PO BOX 1000
PHILADELPHIA PA 19106

2.57. **Title of contract** HOSPITAL SERVICES AGREEMENT

State what the contract or lease is for HEALTH INSURANCE PROVIDER

Nature of debtor's interest _____

State the term remaining 05/11/2024, SUBJECT TO AUTOMATIC RENEWAL

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

CIGNA HEALTHCARE OF TEXAS, INC.
VP OF PROVIDER CONTRACTING
2800 N LOOP W
SUITE 700
HOUSTON TX 77092

2.58. **Title of contract** PATHOLOGY SERVICES AGREEMENT

State what the contract or lease is for PATHOLOGY SERVICES

Nature of debtor's interest _____

State the term remaining 06/23/2024, SUBJECT TO AUTOMATIC RENEWAL

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

CLINICAL PATHOLOGY ASSOCIATES
GERALD JACKNOW
9200 WALL STREET
AUSTIN TX 78754

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2.59.	**Title of contract**	CLINICAL LABORATORY AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CLINICAL LAB SERVICES	
	Nature of debtor's interest	_____	CLINICAL PATHOLOGY LABORATORIES 9200 WALL STREET AUSTIN TX 78754
	State the term remaining	05/31/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.60.	**Title of contract**	STAFFING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	RADIOLOGY HEALTHCARE STAFFING	
	Nature of debtor's interest	_____	CLUB STAFFING, INC. JAY GOLDSTEIN 5901 BROKEN SOUND PARKWAY #500 BOCA RATON FL 33487
	State the term remaining	07/06/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.61.	**Title of contract**	BUSINESS ASSOCIATE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SIGN LANGUAGE SERVICES	
	Nature of debtor's interest	_____	COMMUNICATION BY HAND DELIA MOTT MERRITT 1802 W KOENING LANE AUSTIN TX 78756
	State the term remaining	EFFECTIVE UNTIL TERMINATED	
	List the contract number of any government contract	_____	
2.62.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HOTLINE SERVICE CENTER	
	Nature of debtor's interest	_____	COMPLIANCE RESOURCE CENTER 5911 KINGSTOWNE VILLAGE PKWY ALEXANDRIA VA 22315
	State the term remaining	EFFECTIVE UNTIL TERMINATED	
	List the contract number of any government contract	_____	
2.63.	**Title of contract**	BUSINESS ASSOCIATE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MEDICAL DEVICES	
	Nature of debtor's interest	_____	CONMED LINVATEC 11311 CONCEPT BLVD LARGO FL 33773
	State the term remaining	EFFECTIVE UNTIL TERMINATED	
	List the contract number of any government contract	_____	

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2.64.	**Title of contract**	SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	LAB TESTING	
	Nature of debtor's interest	_____	CORDANT HEALTH SOLUTIONS 12015 EAST 46TH AVENUE. SUITE 220 DENVER CO 80238
	State the term remaining	5/10/2024	
	List the contract number of any government contract	_____	
2.65.	**Title of contract**	MASTER CAPITAL PURCHASE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MEDICAL DEVICE PRODUCTS	
	Nature of debtor's interest	_____	COVIDIEN SALES LLC PO BOX 120823 DALLAS TX 75312
	State the term remaining	10/31/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.66.	**Title of contract**	STAFFING SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING	
	Nature of debtor's interest	_____	CRDENTIA CORPORATION 3 BALA PLZ W STE 400A BALA CYNWYD PA 19004
	State the term remaining	04/13/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.67.	**Title of contract**	AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	STUDENT EDUCATIONAL PROGRAM	
	Nature of debtor's interest	_____	CREIGHTON UNIVERSITY 2500 CALIFORNIA PLAZA OMAHA NE 68178
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.68.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	DOCUMENT TRANSLATION SERVICES	
	Nature of debtor's interest	_____	CYRACOM INTERNATIONAL, INC. SUSAN SWEENEY 5780 N. SWAN ROAD TUSCAN AZ 85718
	State the term remaining	06/13/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	

2.69.	**Title of contract**	TRANSFER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	TRANSFER OF PATIENTS	
	Nature of debtor's interest	_____	DAUGHTERS OF CHARITY HEALTH SERVICES OF AUSTIN DBA SETON MEDICAL CENTER 1201 W 38TH STREET AUSTIN TX 78705
	State the term remaining	11/01/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.70.	**Title of contract**	OFFICECARE PROGRAM CONSIGNMENT AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CONSIGNMENT OF ORTHOPEDIC PRODUCTS	
	Nature of debtor's interest	_____	DJO, INC. GARY JUSTAK 1430 DECISION STREET VISTA CA 92081
	State the term remaining	01/27/2023, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.71.	**Title of contract**	MANAGEMENT SYSTEM CERTIFICATION/ACCREDITATION AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE ASSURANCE SERVICES	
	Nature of debtor's interest	_____	DNV GL HEALTHCARE USA, INC. DARREL SCOTT 1400 RAVELLO DRIVE KATY TX 77449
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.72.	**Title of contract**	MASTER SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	DOCUMENT AND CONTRACT MANAGEMENT SERVICES	
	Nature of debtor's interest	_____	DOCUSIGN 221 MAIN ST. SUITE 1550 SAN FRANCISCO CA 94105
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.73.	**Title of contract**	AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	STUDENT EDUCATIONAL PROGRAM	
	Nature of debtor's interest	_____	DUQUESNE UNIVERSITY OF THE HOLY SPIRIT, RANGOS SCHOOL OF HEALTH SCIENCES 302 HEALTH SCIENCES BUILDING PITTSBURGH PA 15282
	State the term remaining	_____	
	List the contract number of any government contract	_____	

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2.74.	**Title of contract**	AFFILIATION AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	UNPAID WORK-BASED INSTRUCTION	
	Nature of debtor's interest	_____	EANES SCHOOL DISTRICT 601 CAMP CRAFT ROAD AUSTIN TX 78746
	State the term remaining	10/24/2019	
	List the contract number of any government contract	_____	
2.75.	**Title of contract**	RENTAL CONTRACT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MEDICAL EQUIPMENT RENTAL	
	Nature of debtor's interest	_____	EDAP TECHNOMED, INC. NICOLAS POUTRAIN 5321 INDUSTRIAL OAKS BLVD. SUITE 110 AUSTIN TX 78735
	State the term remaining	06/14/2021, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.76.	**Title of contract**	INDEPENDENT CONTRACTOR AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PATIENT CODING PROCEDURES	
	Nature of debtor's interest	_____	ELANOR JILL BUDEK ELANOR JILL BUDEK 1467 TRILOGY PARK DRIVE HOSCHTON GA 30548
	State the term remaining	05/15/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.77.	**Title of contract**	N/A	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PROCUREMENT SERVICES	
	Nature of debtor's interest	_____	ENTEGRA PROCUREMENT SERVICES 9801 WASHINGTONIAN BLVD GAITHERSBURG MD 20878
	State the term remaining	EFFECTIVE UNTIL TERMINATED	
	List the contract number of any government contract	_____	
2.78.	**Title of contract**	NEUROMONITORING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	NEUROMONITORING SERVICES CONTRACTOR	
	Nature of debtor's interest	_____	EPIOM, PLLC JENNA BLEDSOE 18756 STONE OAK PKWAY #200 SAN ANTONIO TX 78258
	State the term remaining	_____	
	List the contract number of any government contract	_____	

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2.79.	**Title of contract**	MUTUAL CONFIDENTIALITY AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CONFIDENTIALITY DISCLOSURE	
	Nature of debtor's interest		EPISODE SOLUTIONS HUTTON EADIE 102 WOODMONT BLVD. SUITE 250 NASHVILLE TN 37205
	State the term remaining		
	List the contract number of any government contract		
2.80.	**Title of contract**	HOSPITAL HEALTHCARE SERVICES PROVIDER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	N/A	
	Nature of debtor's interest		FAIRPRICE HEALTHCARE, LLC JAMES PATTON 14503 RIDGETOP TERRACE AUSTIN TX 78732
	State the term remaining	11/18/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract		
2.81.	**Title of contract**	SUPPLEMENTAL STAFFING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING	
	Nature of debtor's interest		FAVORITE HEALTHCARE STAFFING 7725 W 98TH TERRACE #150 OVERLAND PARK KS 66212
	State the term remaining		
	List the contract number of any government contract		
2.82.	**Title of contract**	N/A	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTH PHYSICS AND RADIATION CONSULTING	
	Nature of debtor's interest		FOXFIRE SCIENTIFIC INC. ATTN: LEGAL DEPARTMENT 4621 S. COOPER STREET STE 131-332 ARLINGTON TX 76017
	State the term remaining		
	List the contract number of any government contract		
2.83.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE PRODUCTS	
	Nature of debtor's interest		GE HEALTHCARE 500 W MONROE ST. CHICAGO IL 60661
	State the term remaining		
	List the contract number of any government contract		

2.84.	**Title of contract**	FACILITY SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE SERVICES FOR PERSONAL INJURY CLAIMS	
	Nature of debtor's interest	_____	GGMT COMMERCIAL HOLDINGS, LLC DBA AUSTIN ANCILLARY MEDICAL SERVICES GRANT GOBY P.O. BOX 90421 AUSTIN TX 78709
	State the term remaining	01/17/2014, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.85.	**Title of contract**	EMPLOYMENT AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	DIRECTOR OF NURSING	
	Nature of debtor's interest	_____	GINGER CARREON 5656 BEE CAVES RD STE M302 AUSTIN TX 78746
	State the term remaining	EFFECTIVE UNTIL TERMINATED	
	List the contract number of any government contract	_____	
2.86.	**Title of contract**	ORDER FORM	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MEDICAL DEVICES & TRAINING	
	Nature of debtor's interest	_____	GMED, INC. 2700 SOUTH COMMERCE SUITE 400 WESTON FL 33326
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.87.	**Title of contract**	BUSINESS ASSOCIATE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SPINAL AND ORTHOPAEDIC DEVICES	
	Nature of debtor's interest	_____	GRAFTON MEDICAL ALLIANCE JERRY SUMMERS 7416 S. COUNTY LINE RD. SUITE E BURR RIDGE IL 60527
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.88.	**Title of contract**	N/A	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	N/A	
	Nature of debtor's interest	_____	HEALTHCARE STRATEGIC SUPPORT, INC. SUSAN TODD 7715 EAST 111TH STREET TULSA OK 74133
	State the term remaining	_____	
	List the contract number of any government contract	_____	

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.89.	**Title of contract**	BUSINESS ASSISTANCE SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	IT SERVICES	
	Nature of debtor's interest		HEALTHSEND, INC. 2303 RANCH ROAD 620 STE 135-229 AUSTIN TX 78734
	State the term remaining		
	List the contract number of any government contract		
2.90.	**Title of contract**	SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HOSPITAL HOUSEKEEPING	
	Nature of debtor's interest		HOSPITAL HOUSEKEEPING SERVICES 12495 SILVER CREEK RD DRIPPING SPRINGS TX 78620
	State the term remaining	08/01/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract		
2.91.	**Title of contract**	CORPORATE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CORPORATE RATES FOR HOTEL	
	Nature of debtor's interest		HOTEL GRANDUCA 1080 UPTOWN PARK BLVD. HOUSTON TX 77056
	State the term remaining		
	List the contract number of any government contract		
2.92.	**Title of contract**	BUSINESS ASSOCIATE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	NON PROFIT CONSULTING SERVICES	
	Nature of debtor's interest		HOWARD CONSULTING LLC ADAM HOWARD 3379 HUGH DRIGGERS ROAD GLENNVILLE GA 30427
	State the term remaining	EFFECTIVE UNTIL TERMINATED	
	List the contract number of any government contract		
2.93.	**Title of contract**	LETTER OF AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTH INSURANCE PROVIDER	
	Nature of debtor's interest		HUMANA HEALTH PLANS OF TEXAS, INC. ATTN LEGAL DEPT 221 S MOPAC EXPY STE 200 AUSTIN TX 78746-7625
	State the term remaining		
	List the contract number of any government contract		

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2.94.	**Title of contract**	LETTER OF AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTH INSURANCE PROVIDER	
	Nature of debtor's interest	_____	HUMANA INSURANCE COMPANY ATTN LEGAL DEPT 500 WEST MAIN STREET LOUISVILLE KY 40202
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.95.	**Title of contract**	AGREEMENT FOR LEGAL SERVICES	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	RETAINED FOR REVIEWING A CONTACT FOR COMPLIANCE WITH STARK LAW	
	Nature of debtor's interest	_____	HUSCH BLACKWELL LLP CHAD GEISLER 111 CONGRESS AVENUE SUITE 1400 AUSTIN TX 78701
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.96.	**Title of contract**	HOSPITAL TRANSFER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	TRANSFER OF PATIENTS	
	Nature of debtor's interest	_____	HYDE PARK SURGERY CENTER 4611 GUADALUPE STREET STE. 100 AUSTIN TX 78751
	State the term remaining	07/19/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.97.	**Title of contract**	N/A	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTH INSURANCE BROKERS	
	Nature of debtor's interest	_____	INSURICA 5100 N. CLASSEN BLVD SUITE 400 OKLAHOMA CITY OK 73118
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.98.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING	
	Nature of debtor's interest	_____	IRONSIDE HUMAN RESOURCES 6060 N CENTRAL EXPY STE 658 DALLAS TX 75206
	State the term remaining	_____	
	List the contract number of any government contract	_____	

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2.99.	**Title of contract**	EMPLOYMENT AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	DIRECTOR OF QUALITY, COMPLIANCE	
	Nature of debtor's interest	_____	JESSE LAWS-RODRIGUEZ 5656 BEE CAVES RD STE M302 AUSTIN TX 78746
	State the term remaining	EFFECTIVE UNTIL TERMINATED	
	List the contract number of any government contract	_____	
2.100.	**Title of contract**	INDEPENDENT CONTRACTOR SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	LAW ENFORCEMENT EDUCATIONAL, PREVENTATIVE SCREENING TESTING AND PREVENTATIVE MEDICAL CARE SERVICES	
	Nature of debtor's interest	_____	JS MD SIGMA PLLC, JON SHEINBERG 11014 CUT PLAINS LOOP AUSTIN TX 78726
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.101.	**Title of contract**	BUSINESS ASSOCIATE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MEDICAL DEVICE PRODUCTS	
	Nature of debtor's interest	_____	K7 SPINE JASON STANAFORD 5500 NEWCASTLE DRIVE MIDLAND TX 79705
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.102.	**Title of contract**	MEDICAL AND ADMINISTRATIVE DIRECTOR AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PROVIDES MEDICAL AND ADMINISTRATIVE DIRECTOR SERVICES IN CONNECTION WITH ITS HEALTHCARE SERVICES	
	Nature of debtor's interest	_____	KARAKOURTIS, M.D./D.D.S., MARK H. 11200 NATIVE TEXAN TRL AUSTIN TX 78735
	State the term remaining	03/01/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.103.	**Title of contract**	MEMORANDUM OF AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE QUALITY PROGRAMS	
	Nature of debtor's interest	_____	KEPRO 6095 MARSHALEE DRIVE SUITE 130. ELKRIDGE MD 21075
	State the term remaining	_____	
	List the contract number of any government contract	_____	

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2.104.	**Title of contract**	BUSINESS ASSOCIATE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PURCHASER OF MEDICAL ACCOUNTS RECEIVABLES	
	Nature of debtor's interest	_____	KEY HEALTH MEDICAL SOLUTIONS, INC. JEFFREY S. TRIGILIO 30699 RUSSELL RANCH ROAD #174 WESTLAKE VILLAGE CA 91362
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.105.	**Title of contract**	SUPPLIER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	LAB TESTING	
	Nature of debtor's interest	_____	LAB CORP 531 SOUTH SPRING ST. BURLINGTON NC 27215
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.106.	**Title of contract**	PURCHASES SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	TELEPHONIC TRANSLATION SERVICES	
	Nature of debtor's interest	_____	LANGUAGE SERVICES ASSOCIATES PO BOX 829752 PHILADELPHIA PA 19182
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.107.	**Title of contract**	CLIENT CONTRACT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING	
	Nature of debtor's interest	_____	LAWRENCE RECRUITING SPECIALISTS, INC. DBA LRS HEALTHCARE HEATHER SUTHERLAND PO BOX 310781 DES MOINES IA 50331
	State the term remaining	11/17/2023, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.108.	**Title of contract**	FACILITY STAFFING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING	
	Nature of debtor's interest	_____	LC TRAVEL STAFF LLC (PARENT CO) RAD LINK DEBBIE TERREL 718 DELAWARE PERRY OK 73077
	State the term remaining	_____	
	List the contract number of any government contract	_____	

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2.109.	**Title of contract**	FACILITY STAFFING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING	
	Nature of debtor's interest		LIGHTHOUSE NURSING DEBBIE TERREL 718 DELAWARE PERRY OK 73077
	State the term remaining		
	List the contract number of any government contract		
2.110.	**Title of contract**	EQUIPMENT FINANCING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	EQUIPMENT	
	Nature of debtor's interest		MACROLEASE 185 EXPRESS ST. SUITE 100 PLAINVIEW NY 11803
	State the term remaining	63 MONTH TERM	
	List the contract number of any government contract		
2.111.	**Title of contract**	EMERGENCY CALL COVERAGE SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	ON-CALL BASIS MEDICAL CARE	
	Nature of debtor's interest		Name and Address Intentionally Omitted
	State the term remaining	04/14/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract		
2.112.	**Title of contract**	EMPLOYMENT AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CHIEF EXECUTIVE OFFICER	
	Nature of debtor's interest		MARK W. SHEN 5656 BEE CAVES RD STE M302 AUSTIN TX 78746
	State the term remaining	EFFECTIVE UNTIL TERMINATED	
	List the contract number of any government contract		
2.113.	**Title of contract**	N/A	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	INSURANCE POLICY / HEALTH CARE AND SOCIAL ASSISTANCE	
	Nature of debtor's interest		MARSH & MCLENNAN AGENCY, LLC JOHN J. LUPICA 7015 COLLEGE BLVD. OVERLAND PARK KS 66211
	State the term remaining	11/30/2019, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract		

2.114.	**Title of contract**	FACILITY STAFFING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING	
	Nature of debtor's interest	_____	MAXIM HEALTHCARE SERVICES, INC. DBA MAXIM STAFFING SOLUTIONS RYNELL PARSON 3737 EXECUTIVE CENTER DRIVE SUITE 200 AUSTIN TX 78731
	State the term remaining	06/29/2023, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.115.	**Title of contract**	2ND AMENDMENT TO MCG MASTER LICENSE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CLINICAL SOFTWARE	
	Nature of debtor's interest	_____	MCG MILLIMAN CARE 701 5TH AVE #4900 SEATTLE WA 98104
	State the term remaining	1/6/2026	
	List the contract number of any government contract	_____	
2.116.	**Title of contract**	TERMINATION AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	N/A	
	Nature of debtor's interest	_____	MCKESSON MEDICAL SURGICAL PO BOX 660266 DALLAS TX 75266
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.117.	**Title of contract**	SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING	
	Nature of debtor's interest	_____	MEDELY KHALED NASR 2355 WESTWOOD BLVD. #412 LOS ANGELES CA 90064
	State the term remaining	07/21/2025, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.118.	**Title of contract**	SOFTWARE LICENSE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SOFTWARE	
	Nature of debtor's interest	_____	MEDHOST 6550 CAROTHERS PKWY #100 FRANKLIN TN 37067
	State the term remaining	02/05/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	

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2.119.	**Title of contract**	STAFFING SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING	
	Nature of debtor's interest	_____	MEDICAL CONCEPTS STAFFING, INC. 3169 HOLCOMB BRIDGE RD SUITE 765 NORCROSS GA 30071
	State the term remaining	09/07/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.120.	**Title of contract**	CONTRACT SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MEDICAL SUPPLY DISTRIBUTER	
	Nature of debtor's interest	_____	MEDICAL SOLUTIONS 1010 N 102ND ST. SUITE 300 OMAHA NE 68114
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.121.	**Title of contract**	STAFFING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING	
	Nature of debtor's interest	_____	MEDICAL STAFFING NETWORK 901 YAMATO RD BOCA RATON FL 33487
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.122.	**Title of contract**	STAFFING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING	
	Nature of debtor's interest	_____	MEDICAL STAFFING OPTIONS, INC. 9200 WORTHINGTON RD. SUITE 101 WESTERVILLE OH 43082
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.123.	**Title of contract**	PRIME VENDOR AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE PRODUCTS	
	Nature of debtor's interest	_____	MEDLINE INDUSTRIES, INC. DEPT 1080 POB 121080 DALLAS TX 75312
	State the term remaining	02/14/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	

2.124.	**Title of contract**	SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT	
	Nature of debtor's interest	_____	MEDOFFICE PRO, INC. DIJJOTAM RAINA 525 FIVE GREENTREE CENTER, RT. 73 N SUITE 104 MARLTON NJ 08053
	State the term remaining	07/30/2025, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.125.	**Title of contract**	RECEIVABLES PURCHASE AND ASSIGNMENT AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	RECEIVABLES PAYABLES PURCHASER	
	Nature of debtor's interest	_____	MEDSTAR FUNDING 7301 RR 620 NORTH STE. 155-334 AUSTIN TX 78726
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.126.	**Title of contract**	EXTERNAL STAFFING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING	
	Nature of debtor's interest	_____	MEDTRUST LLC 6655 FIRST PARK TEN BLVD STE 222 SAN ANTONIO TX 78213
	State the term remaining	EFFECTIVE UNTIL TERMINATED	
	List the contract number of any government contract	_____	
2.127.	**Title of contract**	DATADIVE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE DATA	
	Nature of debtor's interest	_____	MGMA DATA DRIVE AKASH MADIAH 104 INVERNESS TERRACE EAST ENGLEWOOD CO 80112
	State the term remaining	12/31/2019	
	List the contract number of any government contract	_____	
2.128.	**Title of contract**	MICROSOFT PRODUCTS AND SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MICROSOFT SOFTWARE ACCOUNTS	
	Nature of debtor's interest	_____	MICROSOFT CORPORATION JOSHUA FARLOW ONE MICROSOFT WAY REDMOND WA 98052
	State the term remaining	EFFECTIVE UNTIL TERMINATED	
	List the contract number of any government contract	_____	

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2.129.	**Title of contract**	END USER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE MANAGEMENT SOFTWARE	
	Nature of debtor's interest		MIDASPLUS, INC. 4801 EAST BROADWAYBLVD STE 335 TUCSON AZ 85711
	State the term remaining		
	List the contract number of any government contract		
2.130.	**Title of contract**	MEMORANDUM OF AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	EYE TISSUE RECOVERY	
	Nature of debtor's interest		MIRACLES IN SIGHT 3900 WESTPOINT BLVD WINSTON-SALEM NC 27103
	State the term remaining		
	List the contract number of any government contract		
2.131.	**Title of contract**	PROFESSIONAL STAFFING AND SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING	
	Nature of debtor's interest		MLEE HEALTHCARE STAFFING AND RECRUITING, INC. ANDREW MCCALL 5113 SOUTHWEST PARKWAY SUITE 210 AUSTIN TX 78735
	State the term remaining	07/15/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract		
2.132.	**Title of contract**	INDEPENDENT CONTRACTOR AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	NUCLEAR MEDICINE TECHNICIAN	
	Nature of debtor's interest		MORELAND, CHERYL ANN CHERYL MORELAND 1011 MAGNOLIA CV BUDA TX 78610
	State the term remaining	EFFECTIVE UNTIL TERMINATED	
	List the contract number of any government contract		
2.133.	**Title of contract**	BULK IRREVOCABLE ASSIGNMENT FOR COLLECTION	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	OUTSTANDING ACCOUNTS RECEIVABLE COLLECTION	
	Nature of debtor's interest		MOVEDOCS.COM, LLC KENNETH FUST 6325 S. JONES BLVD. SUITE 400 LAS VEGAS NV 89118
	State the term remaining		
	List the contract number of any government contract		

2.134.	**Title of contract**	CUSTOMER ORDER FORM	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MATERIAL SAFETY DATA SHEETS	
	Nature of debtor's interest	_____	MSDSONLINE DOMINIC DAVIA 222 W MERCHANDISE MART PLAZA STE 1750 CHICAGO IL 60654
	State the term remaining	6/29/2022	
	List the contract number of any government contract	_____	
2.135.	**Title of contract**	PARTICIPATING FACILITY AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE COST MANAGEMENT SOLUTIONS	
	Nature of debtor's interest	_____	MULTIPLAN, INC. MARK TABAK 1100 WINTER STREET WALTHAM MA 02451
	State the term remaining	10/01/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.136.	**Title of contract**	LETTER OF UNDERSTANDING	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PURCHASE OF LIENS	
	Nature of debtor's interest	_____	NATIONAL HEALTH FINANCE DM, LLC 1347 N ALMA SCHOOL RD SUITE 120 CHANDLER AZ 85224
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.137.	**Title of contract**	NEUROPHYSIOLOGIC MONITORING SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	NEUROMONITORING SVCS	
	Nature of debtor's interest	_____	NATIONAL NEUROMONITORING SVCS LLC 1141 N LOOP 1604 E 105612 SAN ANTONIO TX 78232
	State the term remaining	05/31/2023, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.138.	**Title of contract**	FIRST AMENDMENT TO CLIENT ADDENDUM TO MASTER PHARMACY MANAGEMENT SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE MANAGEMENT SOLUTIONS	
	Nature of debtor's interest	_____	NAVITUS HEALTH SOLUTIONS, LLC 361 INTEGRITY DRIVE MADISON WI 53717
	State the term remaining	12/31/2023, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	

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2.139. **Title of contract** MAIL FINANCE LEASE AGREEMENT

State what the contract or lease is for GREEN MAILING SOLUTIONS

Nature of debtor's interest _____

State the term remaining 03/01/2022, SUBJECT TO AUTOMATIC RENEWAL

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

NEOPOST, INC.
KEVIN DURTEN
478 WHEELERS FARMS ROAD
MILFORD CT 06461

2.140. **Title of contract** SYSTEM SUPPORT AGREEMENT

State what the contract or lease is for SOFTWARE DEVELOPMENT SERVICES

Nature of debtor's interest _____

State the term remaining 12/21/2023, SUBJECT TO AUTOMATIC RENEWAL

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

NET SOLUTIONS
11601 WILSHIRE BLVD
5TH FLOOR
LOS ANGELES CA 90025

2.141. **Title of contract** BUSINESS ASSOCIATE AGREEMENT

State what the contract or lease is for HEALTHCARE SOFTWARE

Nature of debtor's interest _____

State the term remaining _____

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

NEXTGEN HEALTHCARE
INFORMATION SYSTEMS, INC.
ATTN: HIPAA OFFICER
MIKE LOVETT
795 HORSHAM ROAD
HORSHAM PA 19044

2.142. **Title of contract** CERTIFICATE OF LIABILITY INSURANCE

State what the contract or lease is for HEALTHCARE SERVICES

Nature of debtor's interest _____

State the term remaining _____

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

NEXTMED HOLDINGS LLC
6339 E SPEEDWAY BLVD.
SUITE 201
TUCSON AZ 85710

2.143. **Title of contract** CUSTOMER AGREEMENT

State what the contract or lease is for RADIOLOGY WORKSTATIONS

Nature of debtor's interest _____

State the term remaining _____

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

NOVARAD CORPORATION
752 E 1180 S
STE 200
AMERICAN FORK UT 84003

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2.144.	**Title of contract**	GENERAL CONDITIONS OF ASSIGNMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SPECIALIZED ADMINISTRATIVE STAFFING	
	Nature of debtor's interest	_____	OFFICE TEAM STAFFING 10801 N. MOPAC EXPY SUITE 220 AUSTIN TX 78759
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.145.	**Title of contract**	EQUIPMENT SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	AGREEMENT TO SERVICE EQUIPMENT	
	Nature of debtor's interest	_____	OLYMPUS AMERICA INC 3500 CORPORATE PKWY CENTER VALLEY PA 18034
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.146.	**Title of contract**	MASTER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PHARMACY AND MEDICATION SOFTWARE	
	Nature of debtor's interest	_____	OMNICELL INC PO BOX 204650 DALLAS TX 75320
	State the term remaining	EFFECTIVE UNTIL TERMINATED	
	List the contract number of any government contract	_____	
2.147.	**Title of contract**	CLOUD SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CLOUD SERVICES AGREEMENT	
	Nature of debtor's interest	_____	ONE MEDICAL PASSPORT, INC. STEPHEN PUNZAK, MD PO BOX 69 WILLINGTON CT 06279
	State the term remaining	05/30/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.148.	**Title of contract**	N/A	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	N/A	
	Nature of debtor's interest	_____	ONEBEACON INSURANCE COMPANY INTACT INSURANCE 605 HIGHWAY 169 NORTH STE 800 PLYMOUTH MN 55441
	State the term remaining	_____	
	List the contract number of any government contract	_____	

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2.149.	**Title of contract**	STAFFING SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING	
	Nature of debtor's interest	_____	ONYX HEALTH CARE STAFFING, LLC PAUL GUNNOE, CEO 7500 RIALTO BLVD. SUITE 1-250 AUSTIN TX 78735
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.150.	**Title of contract**	SUPPLY AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SUPPLY OF MEDICAL PRODUCTS	
	Nature of debtor's interest	_____	ORTHO CLINICAL DIAGNOSTICS, INC. 100 INDIGO CREEK DRIVE ROCHESTER NY 14626
	State the term remaining	1/30/2023	
	List the contract number of any government contract	_____	
2.151.	**Title of contract**	BUSINESS ASSOCIATE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PROVIDES DME AND BRACES SERVICES AND/OR PRODUCTS	
	Nature of debtor's interest	_____	ORTHOSTAT, LLC ERIC BUESCHER 141 CHERRYBARK DRIVE COPPELL TX 75019
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.152.	**Title of contract**	BUSINESS ASSOCIATE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PHYSICIAN	
	Nature of debtor's interest	_____	PAUL PLAYFAIR M.D. PAUL PLAYFAIR 1337 SPYGLASS DR AUSTIN TX 78746
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.153.	**Title of contract**	SOFTWARE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	RECRUITING SOFTWARE	
	Nature of debtor's interest	_____	PAYCOR RYAN DELACK 4811 MONTGOMERY RD CINCINNATI OH 45212
	State the term remaining	_____	
	List the contract number of any government contract	_____	

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2.154.	**Title of contract**	CUSTOMER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE PAYMENT PORTAL	
	Nature of debtor's interest	_____	PAYGROUND INC. DREW MERCER 365 E. GERMANN RD SUITE 280 GILBERT AZ 85297
	State the term remaining	08/31/2025, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.155.	**Title of contract**	MANAGEMENT SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MANAGEMENT SERVICES	
	Nature of debtor's interest	_____	PETERSON MD, DR. DAN DANIEL PETERSON, MD 3003 BEE CAVES RD. STE. 201 AUSTIN TX 78746
	State the term remaining	04/01/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.156.	**Title of contract**	EXTENSION AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	AFFIRMATIVE ACTION PLAN (AAP)	
	Nature of debtor's interest	_____	PINNACLE AFFIRMATIVE ACTION SERVICES, LLC GENE ATKINS 3850 N CAUSEWAY BLVD SUITE 1070 METAIRIE LA 70002
	State the term remaining	08/23/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.157.	**Title of contract**	BUSINESS ASSOCIATE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MEDICAL EQUIPMENT SUPPLIER	
	Nature of debtor's interest	_____	PINNACLE SPINE GROUP 946 CALLE AMANECER #J SAN CLEMENTE CA 92673
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.158.	**Title of contract**	TRANSFER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	TRANSFER OF PATIENTS	
	Nature of debtor's interest	_____	PRECISION PLASTIC SURGERY JOHN MCFATE, MD 4701 BEE CAVE ROAD STE 106 AUSTIN TX 78746
	State the term remaining	_____	
	List the contract number of any government contract	_____	

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2.159.	**Title of contract**	AGREEMENT FOR MANAGED IT SERVICES	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	IT SERVICES	
	Nature of debtor's interest	_____	PRETECT LLC ZACHARY WILCOXEN 3513 SOFT SHORE LN PFLUGERVILLE TX 78660
	State the term remaining	08/06/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.160.	**Title of contract**	SUBSCRIBER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	INSURANCE CLAIMS AND PATIENT BENEFITS MANAGEMENT	
	Nature of debtor's interest	_____	PRINCIPAL LIFE INSURANCE COMPANY PO BOX 39710 COLORADO SPRINGS CO 80949
	State the term remaining	11/09/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.161.	**Title of contract**	ORDER FOR PURCHASED SERVICES	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	RISK MANAGEMENT SERVICES	
	Nature of debtor's interest	_____	PRISTA CORPORATION DON JARRELL 3702 CLENDENIN CT AUSTIN TX 78732
	State the term remaining	06/19/2023, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.162.	**Title of contract**	MASTER SUBSCRIPTION AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	ORDER FOR PURCHASED SERVICES	
	Nature of debtor's interest	_____	PRISTA CORPORATION DON JARRELL 3702 CLENDENIN CT AUSTIN TX 78732
	State the term remaining	06/19/2023, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.163.	**Title of contract**	CLIENT SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PRESCRIPTION BENEFITS PROGRAMS	
	Nature of debtor's interest	_____	PROCARE PHARMACY BENEFIT MANAGER, INC. 1267 PROFESSIONAL PKWY GAINESVILLE GA 30507
	State the term remaining	12/31/2023, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	

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2.164.	**Title of contract**	PARTICIPATING FACILITY AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTH CARE SERVICES TO MEMBERS	
	Nature of debtor's interest	_____	PROVIDER NETWORK OF AMERICA, LLC MARK D. DYER 1600 WEST BROADWAY ROAD SUITE 300 TEMPE AZ 85282
	State the term remaining	08/30/2023, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.165.	**Title of contract**	MEDICAL AND ADMINISTRATIVE DIRECTOR AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MEDICAL AND ADMINISTRATIVE DIRECTOR OF CLINICAL DOCUMENTATION IMPROVEMENT	
	Nature of debtor's interest	_____	RANDALL DRYER, MD RANDALL DRYER CENTRAL TEXAS SPINE INSTITUTE, 6818 AUSTIN CENTER BLVD. SUITE 200 AUSTIN TX 78731
	State the term remaining	07/12/2023, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.166.	**Title of contract**	BUSINESS ASSOCIATE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	N/A	
	Nature of debtor's interest	_____	RECEIVABLES MANAGEMENT PARTNERS ERIC COATS 200 NORTH NEW ROAD WACO TX 76710
	State the term remaining	EFFECTIVE UNTIL TERMINATED	
	List the contract number of any government contract	_____	
2.167.	**Title of contract**	MEMORANDUM OF UNDERSTANDING	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	RADIO COMMUNICATION	
	Nature of debtor's interest	_____	REGIONAL RADIO SYSTEM MICHAEL SIMPSON PROGRAM MANAGER 10427 PETSAFE WAY KNOXVILLE TN 37932
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.168.	**Title of contract**	CONSIGNMENT AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CONSIGNMENT OF MEDICAL PRODUCTS	
	Nature of debtor's interest	_____	REM SOLUTIONS ROBERT SMITH 108880 JOHN W. ELLIOT DRIVE SUITE 700 FRISCO TX 75033
	State the term remaining	_____	
	List the contract number of any government contract	_____	

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2.169. **Title of contract** N/A
State what the contract or lease is for N/A
Nature of debtor's interest _____
State the term remaining _____
List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

ROCHE DIAGNOSTICS
MAIL CODE 5021
PO BOX 660367
DALLAS TX 75266-0367

2.170. **Title of contract** BUSINESS ASSOCIATE AGREEMENT
State what the contract or lease is for FINANCIAL CONSULTING SERVICES
Nature of debtor's interest _____
State the term remaining _____
List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

SAMSON ADVISORY LLC
8705 SHOAL CREEK BLVDSTE 205
AUSTIN TX 78757

2.171. **Title of contract** CONSULTING AGREEMENT
State what the contract or lease is for FINANCING AND SOFTWARE CONSULTING SERVICES
Nature of debtor's interest _____
State the term remaining _____
List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

SAMSON ADVISORY LLC
JUDE SAMPSON
8705 SHOAL CREEK BLVDSTE 205
AUSTIN TX 78757

2.172. **Title of contract** PARTICIPATING FACILITY PROVIDER AGREEMENT
State what the contract or lease is for HEALTH CARE SERVICES AND PRODUCTS
Nature of debtor's interest _____
State the term remaining 01/22/2007, SUBJECT TO AUTOMATIC RENEWAL
List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

SCOTT & WHITE HEALTH PLAN
POB 840523
DALLAS TX 75284

2.173. **Title of contract** FACILITY SERVICE AGREEMENT
State what the contract or lease is for HEALTHCARE PLAN
Nature of debtor's interest _____
State the term remaining 08/13/2024, SUBJECT TO AUTOMATIC RENEWAL
List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

SENDERO HEALTH PLANS, INC.
1111 E. CESAR CHAVEZ ST.
AUSTIN TX 78702

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.174. **Title of contract** SERVICE AGREEMENT QUOTE

State what the contract or lease is for EQUIPMENT QUOTE /ROUTINE INSTRUMENT MAINTENANCE AND REPAIR

Nature of debtor's interest _____

State the term remaining _____

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

SIEMENS HEALTHCARE DIAGNOSTICS, INC
LISA SHEINBERG
221 GREGSON DRIVE
CARY NC 27511

2.175. **Title of contract** BUSINESS ASSOCIATE AGREEMENT

State what the contract or lease is for MEDICAL DEVICES

Nature of debtor's interest _____

State the term remaining _____

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

SKELETAL KINETICS, LLC
GLEN FURUTA
10201 BUBB ROAD
CUPERTINO CA 95014

2.176. **Title of contract** MASTER CAPITAL PURCHASE AGREEMENT

State what the contract or lease is for MEDICAL DEVICE EQUIPMENT PROVIDER

Nature of debtor's interest _____

State the term remaining _____

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

SMITH &NEPHEW, INC.
ADVANCED SURGICAL DEVICES DIVISION
JAVIER JIMENEZ
160 MINUTEMAN ROAD
ANDOVER MA 01610

2.177. **Title of contract** CLIENT SERVICES AGREEMENT

State what the contract or lease is for HEALTHCARE STAFFING

Nature of debtor's interest _____

State the term remaining _____

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

SOLIANT HEALTH
STEVE YANG
1979 LAKESIDE PARKWAY
SUITE 800
TUCKER GA 30084

2.178. **Title of contract** ULTRASOUND AGREEMENT

State what the contract or lease is for SONOGRAPHY PHYSICIAN PROVIDERS

Nature of debtor's interest _____

State the term remaining _____

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

SONOGRAPHY SOLUTIONS, LLC
GABRIEL CULIAT
900 EAST PECAN STREET
STE 300-308
PFLUGERVILLE TX 78660

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2.179.	**Title of contract**	ULTRASOUND AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	ULTRASOUND SERVICES	
	Nature of debtor's interest	_____	SONOGRAPHY SOLUTIONS, LLC GABRIEL CULIAT 900 EAST PECAN STREET STE 300-308 PFLUGERVILLE TX 78660
	State the term remaining	MONTH TO MONTH	
	List the contract number of any government contract	_____	
2.180.	**Title of contract**	ENGAGEMENT AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	REIMBURSEMENT SERVICES	
	Nature of debtor's interest	_____	SOUTHEAST REIMBURSEMENT GROUP, LLC 130 PROMINENCE POINT PKWY STE 130-215 CANTON PA 30114
	State the term remaining	04/24/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.181.	**Title of contract**	STAFFING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING PROFESSIONALS	
	Nature of debtor's interest	_____	SPECIALTY STAFFING SOLUTIONS DAVID ZAMBRZYCKI PO BOX 1463 CEDAR PARK TX 78630
	State the term remaining	08/27/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.182.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	INTERNET SERVICES	
	Nature of debtor's interest	_____	SPECTRUM ENTERPRISE ELIZABETH MARTIN 12405 POWERSCOURT DRIVE ST. LOUIS MO 63131
	State the term remaining	EFFECTIVE UNTIL TERMINATED	
	List the contract number of any government contract	_____	
2.183.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	IMAGING SERVICES	
	Nature of debtor's interest	_____	SQUARE D 1415 SOUTH ROSELLE DRIVE PALATINE IL 60067
	State the term remaining	_____	
	List the contract number of any government contract	_____	

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2.184.	**Title of contract**	CLINICAL LABORATORY SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CLINICAL LAB SERVICES	
	Nature of debtor's interest	_____	ST. DAVID'S HEALTHCARE PARTNERSHIP, LP, LLP TODD STEWARD 901 W. BEN WHITE BLVD. AUSTIN TX 78704
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.185.	**Title of contract**	BROADLANE LETTER OF COMMITMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	AGREEMENT FOR PACEMAKER DEVICES, LEADS AND PRODUCTS	
	Nature of debtor's interest	_____	ST. JUDE MEDICAL ELIZABETH JOHNSON 1 SAINT JUDE MEDICAL DR SAINT PAUL MN 55117
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.186.	**Title of contract**	EMPLOYMENT AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CORPORATE CONTROLLER	
	Nature of debtor's interest	_____	STEPHEN CLEMETSON 5656 BEE CAVES RD STE M302 AUSTIN TX 78746
	State the term remaining	EFFECTIVE UNTIL TERMINATED	
	List the contract number of any government contract	_____	
2.187.	**Title of contract**	MASTER SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	REGULATED MEDICAL AND BIO-HAZARDOUS WASTE DISPOSAL	
	Nature of debtor's interest	_____	STERICYCLE, INC. DEREK SINNS 4010 COMMERCIAL AVE NORTHBROOK IL 60062
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.188.	**Title of contract**	PREVENTATIVE MAINTENANCE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	EQUIPMENT MAINTENANCE	
	Nature of debtor's interest	_____	STERIQUIP PO BOX 190 HUTTO TX 78634
	State the term remaining	EXPIRED AGREEMENT	
	List the contract number of any government contract	_____	

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2.189. **Title of contract** MERCHANT APPLICATION / PROCESSING AGREEMENT

State what the contract or lease is for CREDIT CARD PAYMENT PROCESSING

Nature of debtor's interest _____

State the term remaining _____

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

STERLING PAYMENT TECHNOLOGIES
12282 WADSWROTH WAY
WOODBRIDGE VA 22192

2.190. **Title of contract** PRODUCT SERVICE PLAN AGREEMENT

State what the contract or lease is for MEDICAL AND SURGICAL EQUIPMENT

Nature of debtor's interest _____

State the term remaining _____

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

STRYKER INSTRUMENTS
BRITTNI LEWMAN
6201 SPRINKLES RD.
PORTAGE MI 49002

2.191. **Title of contract** SPEECH THERAPY SERVICES AGREEMENT

State what the contract or lease is for SPEECH THERAPY SERVICES

Nature of debtor's interest _____

State the term remaining 03/22/2024, SUBJECT TO AUTOMATIC RENEWAL

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

STUART, LORAINE
4105 LONG CHAMP DR
AUSTIN TX 78746

2.192. **Title of contract** CLIENT SERVICES AGREEMENT

State what the contract or lease is for CONSULTANTS FOR ASSIGNMENT

Nature of debtor's interest _____

State the term remaining _____

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

SUNBELT STAFFING, LLC
STEPHEN MARIANI
3687 TAMPA ROAD
SUITE 200
OLDSMAR FL 34677

2.193. **Title of contract** AMENDMENT NUMBER ONE HOSPITAL PROVIDER AGREEMENT

State what the contract or lease is for HEALTHCARE COVERAGE PROVIDER

Nature of debtor's interest _____

State the term remaining 02/01/2024, SUBJECT TO AUTOMATIC RENEWAL

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

SUPERIOR HEALTHPLAN, INC.
5900 E. BEN WHITE BLVD.
AUSTIN TX 78741

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2.194.	**Title of contract**	N/A	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	EQUIPMENT MAINTENANCE SERVICES	
	Nature of debtor's interest	_____	TEAM SERVICES 2201 PATTERSON INDUSTRIAL DR STE 200 PFLUGERVILLE TX 78660
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.195.	**Title of contract**	COMMERCIAL MASTER SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	TELEPHONE SERVICES	
	Nature of debtor's interest	_____	TEL WEST NETWORK SERVICES TPX-TELEPACIFIC 303 COLORADO ST STE 2075 AUSTIN TX 78701
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.196.	**Title of contract**	HOSPITAL PROVIDER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PROVIDER NETWORK	
	Nature of debtor's interest	_____	TEXAS FREE MARKET SURGERY PARTNERS, INC. 3536 BEE CAVE ROAD STE 213 AUSTIN TX 78746
	State the term remaining	12/06/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.197.	**Title of contract**	PARTICIPATING HOSPITAL LETTER OF AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MEDICAID HEALTH PLAN	
	Nature of debtor's interest	_____	TEXAS INDEPENDENCE HEALTH PLAN, INC 1908 N LAURENT SUITE 250 VICTORIA TX 77901
	State the term remaining	12/31/2023, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.198.	**Title of contract**	N/A	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MEDICAID PROVIDERS	
	Nature of debtor's interest	_____	TEXAS MEDICAID & HEALTHCARE PARTNERSHIP PO BOX 200555 AUSTIN TX 78720
	State the term remaining	_____	
	List the contract number of any government contract	_____	

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2.199.	**Title of contract**	AGREEMENT FOR ORGAN PROCUREMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	ORGAN DONATION	
	Nature of debtor's interest	_____	TEXAS ORGAN SHARING ALLIANCE 8122 DATAPOINT DRIVE SUITE 200 SAN ANTONIO TX 78229
	State the term remaining	EFFECTIVE UNTIL TERMINATED	
	List the contract number of any government contract	_____	
2.200.	**Title of contract**	MASTER SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING	
	Nature of debtor's interest	_____	TEXAS SELECT STAFFING, LLC KYLE CAVENDER 1303 W.WALNUT HILL LANE, SUITE 280 IRVING TX 75038
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.201.	**Title of contract**	AFFILIATION AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	STUDENT EDUCATIONAL PROGRAM	
	Nature of debtor's interest	_____	TEXAS STATE UNIVERSITY KELLY DUNN 601 UNIVERSITY DRIVE SAN MARCUS TX 78666
	State the term remaining	08/31/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.202.	**Title of contract**	EDUCATION PROGRAM SERVICES CONTRACT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTH EDUCATION SERVICES	
	Nature of debtor's interest	_____	TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER DBA HEALTH.EDU ADMINISTRATIVE DIRECTOR 3601 4TH STREET STOP 7755 LUBBOCK TX 79430
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.203.	**Title of contract**	TISSUE RECOVERY AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	BLOOD & TISSUE DONATION CENTER	
	Nature of debtor's interest	_____	THE BLOOD AND TISSUE CENTER OF CENTRAL TEXAS WE ARE BLOOD 4300 N LAMAR BLVD AUSTIN TX 78756
	State the term remaining	11/28/2023, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	

2.204.	**Title of contract**	OCCUPATIONAL ACCIDENT INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	OCCUPATIONAL ACCIDENT INSURANCE	
	Nature of debtor's interest	_____	THE NITSCHE GROUP 708 SUL ROSS ST. HOUSTON TX 77006
	State the term remaining	5/17/2022	
	List the contract number of any government contract	_____	
2.205.	**Title of contract**	SALES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	THERAPY DOCUMENTATION	
	Nature of debtor's interest	_____	THE REHAB DOCUMENTATION COMPANY, INC. LUKE SANDS 49 MUSIC SQUARE SUITE 400 NASHVILLE TN 37203
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.206.	**Title of contract**	AAMC UNIFORM CLINICAL TRAINING AFFILIATION AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	STUDENT EDUCATIONAL PROGRAM	
	Nature of debtor's interest	_____	THE TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER VERNON L. TESH, PH.D. OFFICE OF THE VICE DEAN ROUND ROCK CAMPUS 3950 NORTH A.W. GRIMES ROUND ROCK TX 78665
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.207.	**Title of contract**	N/A	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PUBLIC RESEARCH UNIVERSITY	
	Nature of debtor's interest	_____	THE UNIVERSITY OF TEXAS ARLINGTON ATTN OFFICE OF THE DEAN 701 SOUTH NEDDERMAN DRIVE ARLINGTON TX 76019
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.208.	**Title of contract**	EDUCATIONAL EXPERIENCE AFFILIATION AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	STUDENT EDUCATIONAL PROGRAM	
	Nature of debtor's interest	_____	THE UNIVERSITY OF TEXAS AUSTIN ATTN OFFICE OF THE DEAN 210 WEST 7TH STREET AUSTIN TX 78701-2982
	State the term remaining	04/30/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.209.	**Title of contract**	AFFILIATION AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	UNIVERSITY PROVIDES ACADEMIC COURSES	
	Nature of debtor's interest	_____	THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON GEORGE STANCEL. PHD 210 WEST 7TH STREET AUSTIN TX 78701
	State the term remaining	10/10/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.210.	**Title of contract**	PROVIDER NETWORK AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTH INSURANCE PROVIDER	
	Nature of debtor's interest	_____	THREE RIVERS PROVIDER NETWORK, INC. TODD BREEDEN 1620 FIFTH AVENUE SUITE 900 SAN DIEGO CA 92101
	State the term remaining	11/21/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.211.	**Title of contract**	FACILITY STAFFING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING	
	Nature of debtor's interest	_____	TLC TRAVEL STAFFING DEBBIE TERREL 718 DELAWARE PERRY OK 73077
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.212.	**Title of contract**	MEMORANDUM OF AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	N/A	
	Nature of debtor's interest	_____	TMF HEALTH QUALITY INSTITUTE THOMAS J MANLEY 5918 WEST COURTYARD DRIVE AUSTIN TX 78730
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.213.	**Title of contract**	SUPPLEMENTAL STAFFING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING	
	Nature of debtor's interest	_____	TOTALMED STAFFING, INC. NICK GALLERIA 10 EAST COLLEGE AVENUE, SUITE 300 APPLETON WI 54911
	State the term remaining	02/15/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.214.	**Title of contract**	SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	INTRAOPERATIVE MONITORING SERVICES	
	Nature of debtor's interest	_____	TRAXX MEDICAL HOLDINGS, LLC BRYAN BOUILLION OR LEE COBB P.O. BOX 744 AUSTIN TX 78767
	State the term remaining	05/16/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.215.	**Title of contract**	BUSINESS ASSOCIATE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	INDEPENDENT CONTRACTOR	
	Nature of debtor's interest	_____	TRENEGY, INC WILLIAM 9977 W SAM HOUSTON PWKY NO STE 120 HOUSTON TX 77064
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.216.	**Title of contract**	HEALTHCARE FACILITY SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	IMPROVE QUALITY, EXPERIENCE AND TOTAL COST OF HEALTHCARE	
	Nature of debtor's interest	_____	TRIPLE AIM, LLC ERIN 5800 SPECTRUM DR. SUITE 1100E ADDITION TX 75001
	State the term remaining	04/21/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.217.	**Title of contract**	TRAVEL PERSONNEL STAFFING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING	
	Nature of debtor's interest	_____	TRUSTAFF TRAVEL NURSES, LLC DOUG DEAN 4720 GLENDALE MILFORD ROAD CINCINNATI OH 45242
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.218.	**Title of contract**	CASH SALE ORDER & MAINTENANCE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	EQUIPMENT MAINTENANCE	
	Nature of debtor's interest	_____	UBEO LLC P.O. BOX 791070 SAN ANTONIO TX 78729
	State the term remaining	_____	
	List the contract number of any government contract	_____	

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.219.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SUPPORT SERVICES	
	Nature of debtor's interest	_____	ULTIMATE BIOMEDICAL UBS 425 S 4TH ST. BEAUMONT TX 77701
	State the term remaining	10/31/2023	
	List the contract number of any government contract	_____	
2.220.	**Title of contract**	FACILITY PARTICIPANT AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTH INSURANCE PROVIDER	
	Nature of debtor's interest	_____	UNITEDHEALTHCARE OF TEXAS, INC. 1250 S. CAPITAL OF TEXAS HWY BLDG. 1 STE. 360 AUSTIN TX 78746
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.221.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	FIRE ALARM SERVICES	
	Nature of debtor's interest	_____	VANGUARD FIRE SYSTEMS STEPHANIE JONES 2340 PATTERSON INDUSTRIAL DRIVE PFLUGERVILLE TX 78660
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.222.	**Title of contract**	CONDITIONS OF APPROVAL	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PURCHASE ORDER/ EQUIPMENT LEASE	
	Nature of debtor's interest	_____	VAR TECHNOLOGY FINANCE 2330 INTERSTATE 30 MESQUITE TX 75150
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.223.	**Title of contract**	MERCHANT APPLICATION / PROCESSING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MERCHANT APPLICATION / PROCESSING AGREEMENT	
	Nature of debtor's interest	_____	VASCULAR ACCESS CONSULTANTS MARY KATE SCHATZLEIN RN, MS 18010 HIDEAWAY COVE DRIPPING SPRINGS TX 78620
	State the term remaining	04/01/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.224.	**Title of contract**	VERIZON WIRELESS ENTITY AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	BUSINESS WIRELESS PHONE PLAN	
	Nature of debtor's interest	_____	VERIZON ATTN LEGAL DEPT 140 WEST ST NEW YORK NY 10013
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.225.	**Title of contract**	BUSINESS ASSOCIATE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HOSPITAL MANAGEMENT SERVICES	
	Nature of debtor's interest	_____	VESTIGE HEALTHCARE, DR. ANGEL GIRALDEZ 777 SOUTH FLAGLER DRIVE SUITE 800 WEST PALM BEACH FL 33401
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.226.	**Title of contract**	N/A	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	N/A	
	Nature of debtor's interest	_____	VOYA FINANCIAL ATTN LEGAL DEPT 230 PARK AVENUE NEW YORK NY 10169
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.227.	**Title of contract**	N/A	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	N/A	
	Nature of debtor's interest	_____	VSP VISION CARE 3333 QUALITY DRIVE RANCHO CORDOVA CA 95670
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.228.	**Title of contract**	TRANSFER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	TRANSFER OF PATIENTS	
	Nature of debtor's interest	_____	WALDEN COSMETIC SURGERY CENTER, PLLC JENNIFER WALDEN 5656 BEE CAVES ROAD SUITE E-201 AUSTIN TX 78746
	State the term remaining	_____	
	List the contract number of any government contract	_____	

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.229.	**Title of contract**	PARTICIPATING PROVIDER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE INSURANCE PROVIDER	
	Nature of debtor's interest	_____	WELLCARE NATIONAL HEALTH INSURANCE COMPANY TRAVIS R. CHRISTIE 4888 LOOP CENTRAL DRIVE SUITE 300 HOUSTON TX 77081
	State the term remaining	05/07/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.230.	**Title of contract**	PARTICIPATING PROVIDER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE INSURANCE PROVIDER	
	Nature of debtor's interest	_____	WELLCARE OF TEXAS, INC. TRAVIS R. CHRISTIE 4888 LOOP CENTRAL DRIVE SUITE 300 HOUSTON TX 77081
	State the term remaining	05/07/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.231.	**Title of contract**	MANAGEMENT SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MANAGEMENT SERVICES	
	Nature of debtor's interest	_____	WELSH MD, DR. SCOTT SCOTT WELSH, MD 3003 BEE CAVES RD. STE. 201 AUSTIN TX 78746
	State the term remaining	09/01/2025, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.232.	**Title of contract**	ANESTHESIA PROFESSIONAL SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	LICENSED ANESTHESIOLOGY HEALTHCARE PROFESSIONALS	
	Nature of debtor's interest	_____	WESTLAKE ANESTHESIA GROUP PAUL PLAYFAIR, M.D. 1907 CYPRESS CREEK RD STE 108 CEDAR PARK TX 78613
	State the term remaining	11/30/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.233.	**Title of contract**	MEDICAL DIRECTOR SERVICES AND EMERGENCY DEPARTMENT COVERAGE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE DIRECTOR AND PROFESSIONAL SERVICES	
	Nature of debtor's interest	_____	WESTLAKE EMERGENCY PHYSICIANS JEFF LEINEN, MD 1803 CULBERSON AUSTIN TX 78748
	State the term remaining	06/17/2023, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

2.234.	**Title of contract**	HOSPITAL TRANSFER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	TRANSFER OF PATIENTS	
	Nature of debtor's interest	_____	WESTLAKE HILLS SURGERY CENTER 4701 BEE CAVES RD AUSTIN TX 78746
	State the term remaining	12/18/2023, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.235.	**Title of contract**	COMMERCIAL SUBLEASE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SUBLEASE AGREEMENT	
	Nature of debtor's interest	_____	WESTLAKE MEDICAL CONSULTANTS, PLLC EMILY S. KUO 3267 BEE CAVES RD. SUITE 107 - 286 AUSTIN TX 78746
	State the term remaining	01/01/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.236.	**Title of contract**	FIRST AMENDED AND RESTATED COMMERCIAL LEASE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	LEASE AGREEMENT BLDG. J, STE 300 BLDG. K. STE. 100 BLDG. K STE. 103 (THE HOSPITAL SLEEP LAB) BLDG. K STE.103 (THE HOSPITAL MRI) BLDG. K. STE. 202 BLDG. K. STE. 203 BOILER BUILDING BLDG. L BLDG. M (ADMINISTRATION AND LOBBY) BLDG. M (WESTLAKE SURGICAL HOSPITAL)	WESTLAKE MEDICAL OF AUSTIN, LTD-PHASE II DBA WESTLAKE MEDICAL DON RIP MILLER P.O. BOX 161507 AUSTIN TX 78716
	Nature of debtor's interest	_____	
	State the term remaining	10/01/2035, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.237.	**Title of contract**	COMMERCIAL LEASE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	COMMERCIAL LEASE AGREEMENT FOR BUILDING K-200	
	Nature of debtor's interest	_____	WESTLAKE MEDICAL OF AUSTIN, LTD-PHASE II DBA WESTLAKE MEDICAL DON RIP MILLER P.O. BOX 161507 AUSTIN TX 78716
	State the term remaining	10/01/2035, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.238.	**Title of contract**	AGREEMENT FOR SUPPLEMENTAL STAFFING AGENCIES	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING	
	Nature of debtor's interest	_____	WESTWAYS STAFFING SERVICES INC. 505 CITY PARKWAY WEST SUITE 100 ORANGE CA 92868
	State the term remaining	_____	
	List the contract number of any government contract	_____	

2.239.	**Title of contract**	PROFESSIONAL MEDICAL STAFFING SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	HEALTHCARE STAFFING	WH SERVICES AUSTIN, LLC SCOTT WEBB, COO 13155 NOEL ROAD SUITE 800 DALLAS TX 75240
	Nature of debtor's interest	_____	
	State the term remaining	11/11/2025, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.240.	**Title of contract**	HOSPITAL TRANSFER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MEDICAL FACILITY	WHITE MEDICAL PHILLIPPE BOR 100 MEDICAL PARKWAY LAKEWAY TX 78738
	Nature of debtor's interest	_____	
	State the term remaining	11/04/2025, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	
2.241.	**Title of contract**	SERVICE CONTRACT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CHEMICAL WATER TREATMENT	WORTH HYDROCHEM CORPORATION ALEX SWIECZKOWSKI 1715 ROWE LANE PFLUGERVILLE TX 78660
	Nature of debtor's interest	_____	
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.242.	**Title of contract**	CLINICAL EXPERIENCE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	STUDENT ROTATION OPPORTUNITIES	YALE PHYSICIAN ASSISTANT ONLINE PROGRAM RICHARD BELITSKY, MD 2 WHITNEY AVENUE NEW HAVEN CT 06510
	Nature of debtor's interest	_____	
	State the term remaining	07/01/2024, SUBJECT TO AUTOMATIC RENEWAL	
	List the contract number of any government contract	_____	

Fill in this information to identify the case:

Debtor name: Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center

United States Bankruptcy Court for the: Western District of Texas

Case number (if known): 23-10747

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☑ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G.* Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

	Column 1: Codebtor		Column 2: Creditor	
	Name	**Mailing address**	**Name**	*Check all schedules that apply:*
2.1.	ARISE AUSTIN MEDICAL CENTER	3003 BEE CAVES RD AUSTIN TX 78746	C T CORPORATION SYSTEM, AS REPRESENTATIVE	☑ D ☐ E/F ☐ G
2.2.	ARISE HEALTHCARE SYSTEM, LLC	3003 BEE CAVES RD AUSTIN TX 78746	C T CORPORATION SYSTEM, AS REPRESENTATIVE	☑ D ☐ E/F ☐ G
2.3.	ARISE HEALTHCARE SYSTEM, LLC	3003 BEE CAVES RD AUSTIN TX 78746	SPECIALTY STAFFING SOLUTIONS LLC	☐ D ☑ E/F ☐ G
2.4.	ARISE HEALTHCARE SYSTEM, LLC	3003 BEE CAVES RD AUSTIN TX 78746	PIONEER HEALTH SYSTEMS LLC	☐ D ☑ E/F ☐ G
2.5.	ATTILA LLC	4935 MCCONNELL AVE STE 4 LOS ANGELES CA 90066	C T CORPORATION SYSTEM, AS REPRESENTATIVE	☑ D ☐ E/F ☐ G
2.6.	ATTILA LP INVESTOR LLC	1251 WESTWOOD BLVD STE 100A LOS ANGELES CA 90024	CNH FINANCE FUND I, L.P.	☑ D ☐ E/F ☐ G

Debtor **Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center** Case number *(if known)* **23-10747**

	Column 1: Codebtor		Column 2: Creditor	
	Name	**Mailing address**	**Name**	*Check all schedules that apply:*
2.7.	ATTILA TEXAS MANAGEMENT LLC	3003 BEE CAVES RD AUSTIN TX 78746	C T CORPORATION SYSTEM, AS REPRESENTATIVE	☑ D ☐ E/F ☐ G
2.8.	COGNITIVE REAL ESTATE INVESTMENTS LLC	4935 MCCONNELL AVE STE 4 LOS ANGELES CA 90066	C T CORPORATION SYSTEM, AS REPRESENTATIVE	☑ D ☐ E/F ☐ G
2.9.	MAD SCIENCE LABORATORIES LLC	4935 MCCONNELL AVE STE 4 LOS ANGELES CA 90066	C T CORPORATION SYSTEM, AS REPRESENTATIVE	☑ D ☐ E/F ☐ G
2.10.	THE HOSPITAL AT WESTLAKE 360	5656 BEE CAVES RD STE M302 WEST LAKE HILLS TX 78746	C T CORPORATION SYSTEM, AS REPRESENTATIVE	☑ D ☐ E/F ☐ G

Attachment 1
Schedule F Part 2, No. 3
Non-Priority Unsecured Claims
Patient Refunds

Item No.	DRC Patient ID #	Address, City, State, Zip	Disputed	Subject to Setoff	Claim Amount
1	PATIENT ID #: 1010	Address on File	X	Yes	Undetermined
2	PATIENT ID #: 1014	Address on File	X	Yes	Undetermined
3	PATIENT ID #: 1080	Address on File	X	Yes	Undetermined
4	PATIENT ID #: 1108	Address on File	X	Yes	Undetermined
5	PATIENT ID #: 1120	Address on File	X	Yes	Undetermined
6	PATIENT ID #: 1127	Address on File	X	Yes	Undetermined
7	PATIENT ID #: 1141	Address on File	X	Yes	Undetermined
8	PATIENT ID #: 1182	Address on File	X	Yes	Undetermined
9	PATIENT ID #: 1183	Address on File	X	Yes	Undetermined
10	PATIENT ID #: 1198	Address on File	X	Yes	Undetermined
11	PATIENT ID #: 1208	Address on File	X	Yes	Undetermined
12	PATIENT ID #: 1255	Address on File	X	Yes	Undetermined
13	PATIENT ID #: 1327	Address on File	X	Yes	Undetermined
14	PATIENT ID #: 1308	Address on File	X	Yes	Undetermined
15	PATIENT ID #: 1309	Address on File	X	Yes	Undetermined
16	PATIENT ID #: 1356	Address on File	X	Yes	Undetermined
17	PATIENT ID #: 1373	Address on File	X	Yes	Undetermined
18	PATIENT ID #: 1393	Address on File	X	Yes	Undetermined
19	PATIENT ID #: 1431	Address on File	X	Yes	Undetermined
20	PATIENT ID #: 1462	Address on File	X	Yes	Undetermined
21	PATIENT ID #: 1611	Address on File	X	Yes	Undetermined
22	PATIENT ID #: 1637	Address on File	X	Yes	Undetermined
23	PATIENT ID #: 1646	Address on File	X	Yes	Undetermined
24	PATIENT ID #: 1651	Address on File	X	Yes	Undetermined
25	PATIENT ID #: 1662	Address on File	X	Yes	Undetermined
26	PATIENT ID #: 1671	Address on File	X	Yes	Undetermined
27	PATIENT ID #: 1674	Address on File	X	Yes	Undetermined
28	PATIENT ID #: 1682	Address on File	X	Yes	Undetermined
29	PATIENT ID #: 1759	Address on File	X	Yes	Undetermined
30	PATIENT ID #: 1860	Address on File	X	Yes	Undetermined
31	PATIENT ID #: 1867	Address on File	X	Yes	Undetermined
32	PATIENT ID #: 1910	Address on File	X	Yes	Undetermined
33	PATIENT ID #: 1913	Address on File	X	Yes	Undetermined
34	PATIENT ID #: 1941	Address on File	X	Yes	Undetermined
35	PATIENT ID #: 2029	Address on File	X	Yes	Undetermined
36	PATIENT ID #: 2035	Address on File	X	Yes	Undetermined
37	PATIENT ID #: 2042	Address on File	X	Yes	Undetermined
38	PATIENT ID #: 2087	Address on File	X	Yes	Undetermined
39	PATIENT ID #: 2098	Address on File	X	Yes	Undetermined
40	PATIENT ID #: 2154	Address on File	X	Yes	Undetermined
41	PATIENT ID #: 2157	Address on File	X	Yes	Undetermined
42	PATIENT ID #: 2199	Address on File	X	Yes	Undetermined
43	PATIENT ID #: 2215	Address on File	X	Yes	Undetermined
44	PATIENT ID #: 2216	Address on File	X	Yes	Undetermined
45	PATIENT ID #: 2241	Address on File	X	Yes	Undetermined
46	PATIENT ID #: 2247	Address on File	X	Yes	Undetermined
47	PATIENT ID #: 2265	Address on File	X	Yes	Undetermined
48	PATIENT ID #: 2275	Address on File	X	Yes	Undetermined
49	PATIENT ID #: 2279	Address on File	X	Yes	Undetermined
50	PATIENT ID #: 2303	Address on File	X	Yes	Undetermined

Attachment 1
Schedule F Part 2, No. 3
Non-Priority Unsecured Claims
Patient Refunds

Item No.	DRC Patient ID #	Address, City, State, Zip	Disputed	Subject to Setoff	Claim Amount
51	PATIENT ID #: 2314	Address on File	X	Yes	Undetermined
52	PATIENT ID #: 2337	Address on File	X	Yes	Undetermined
53	PATIENT ID #: 2344	Address on File	X	Yes	Undetermined
54	PATIENT ID #: 2350	Address on File	X	Yes	Undetermined
55	PATIENT ID #: 2359	Address on File	X	Yes	Undetermined
56	PATIENT ID #: 2370	Address on File	X	Yes	Undetermined
57	PATIENT ID #: 2391	Address on File	X	Yes	Undetermined
58	PATIENT ID #: 2411	Address on File	X	Yes	Undetermined
59	PATIENT ID #: 2430	Address on File	X	Yes	Undetermined
60	PATIENT ID #: 2456	Address on File	X	Yes	Undetermined
61	PATIENT ID #: 2471	Address on File	X	Yes	Undetermined
62	PATIENT ID #: 2474	Address on File	X	Yes	Undetermined
63	PATIENT ID #: 2489	Address on File	X	Yes	Undetermined
64	PATIENT ID #: 2624	Address on File	X	Yes	Undetermined
65	PATIENT ID #: 2705	Address on File	X	Yes	Undetermined
66	PATIENT ID #: 2717	Address on File	X	Yes	Undetermined
67	PATIENT ID #: 2718	Address on File	X	Yes	Undetermined
68	PATIENT ID #: 2746	Address on File	X	Yes	Undetermined
69	PATIENT ID #: 2791	Address on File	X	Yes	Undetermined
70	PATIENT ID #: 2820	Address on File	X	Yes	Undetermined
71	PATIENT ID #: 2846	Address on File	X	Yes	Undetermined
72	PATIENT ID #: 2924	Address on File	X	Yes	Undetermined
73	PATIENT ID #: 2973	Address on File	X	Yes	Undetermined
74	PATIENT ID #: 2975	Address on File	X	Yes	Undetermined
75	PATIENT ID #: 3012	Address on File	X	Yes	Undetermined
76	PATIENT ID #: 3041	Address on File	X	Yes	Undetermined
77	PATIENT ID #: 3067	Address on File	X	Yes	Undetermined
78	PATIENT ID #: 3095	Address on File	X	Yes	Undetermined
79	PATIENT ID #: 3097	Address on File	X	Yes	Undetermined
80	PATIENT ID #: 3098	Address on File	X	Yes	Undetermined
81	PATIENT ID #: 3111	Address on File	X	Yes	Undetermined
82	PATIENT ID #: 3121	Address on File	X	Yes	Undetermined
83	PATIENT ID #: 3125	Address on File	X	Yes	Undetermined
84	PATIENT ID #: 3132	Address on File	X	Yes	Undetermined
85	PATIENT ID #: 3162	Address on File	X	Yes	Undetermined
86	PATIENT ID #: 3217	Address on File	X	Yes	Undetermined
87	PATIENT ID #: 3241	Address on File	X	Yes	Undetermined
88	PATIENT ID #: 3256	Address on File	X	Yes	Undetermined
89	PATIENT ID #: 3360	Address on File	X	Yes	Undetermined
90	PATIENT ID #: 3371	Address on File	X	Yes	Undetermined
91	PATIENT ID #: 3375	Address on File	X	Yes	Undetermined
92	PATIENT ID #: 3429	Address on File	X	Yes	Undetermined
93	PATIENT ID #: 3528	Address on File	X	Yes	Undetermined
94	PATIENT ID #: 3530	Address on File	X	Yes	Undetermined
95	PATIENT ID #: 3612	Address on File	X	Yes	Undetermined
96	PATIENT ID #: 3711	Address on File	X	Yes	Undetermined
97	PATIENT ID #: 3737	Address on File	X	Yes	Undetermined
98	PATIENT ID #: 3786	Address on File	X	Yes	Undetermined
99	PATIENT ID #: 3808	Address on File	X	Yes	Undetermined
100	PATIENT ID #: 3876	Address on File	X	Yes	Undetermined

Attachment 1
Schedule F Part 2, No. 3
Non-Priority Unsecured Claims
Patient Refunds

Item No.	DRC Patient ID #	Address, City, State, Zip	Disputed	Subject to Setoff	Claim Amount
101	PATIENT ID #: 4017	Address on File	X	Yes	Undetermined
102	PATIENT ID #: 4071	Address on File	X	Yes	Undetermined
103	PATIENT ID #: 4088	Address on File	X	Yes	Undetermined
104	PATIENT ID #: 4126	Address on File	X	Yes	Undetermined
105	PATIENT ID #: 4133	Address on File	X	Yes	Undetermined
106	PATIENT ID #: 4153	Address on File	X	Yes	Undetermined
107	PATIENT ID #: 4166	Address on File	X	Yes	Undetermined
108	PATIENT ID #: 4174	Address on File	X	Yes	Undetermined
109	PATIENT ID #: 4178	Address on File	X	Yes	Undetermined
110	PATIENT ID #: 4195	Address on File	X	Yes	Undetermined
111	PATIENT ID #: 4218	Address on File	X	Yes	Undetermined
112	PATIENT ID #: 4242	Address on File	X	Yes	Undetermined
113	PATIENT ID #: 4249	Address on File	X	Yes	Undetermined
114	PATIENT ID #: 4261	Address on File	X	Yes	Undetermined
115	PATIENT ID #: 4277	Address on File	X	Yes	Undetermined
116	PATIENT ID #: 4301	Address on File	X	Yes	Undetermined
117	PATIENT ID #: 4378	Address on File	X	Yes	Undetermined
118	PATIENT ID #: 4398	Address on File	X	Yes	Undetermined
119	PATIENT ID #: 4434	Address on File	X	Yes	Undetermined
120	PATIENT ID #: 4457	Address on File	X	Yes	Undetermined
121	PATIENT ID #: 4650	Address on File	X	Yes	Undetermined
122	PATIENT ID #: 4652	Address on File	X	Yes	Undetermined
123	PATIENT ID #: 4670	Address on File	X	Yes	Undetermined
124	PATIENT ID #: 4680	Address on File	X	Yes	Undetermined
125	PATIENT ID #: 4681	Address on File	X	Yes	Undetermined
126	PATIENT ID #: 4684	Address on File	X	Yes	Undetermined
127	PATIENT ID #: 4713	Address on File	X	Yes	Undetermined
128	PATIENT ID #: 4728	Address on File	X	Yes	Undetermined
129	PATIENT ID #: 4760	Address on File	X	Yes	Undetermined
130	PATIENT ID #: 4782	Address on File	X	Yes	Undetermined
131	PATIENT ID #: 4793	Address on File	X	Yes	Undetermined
132	PATIENT ID #: 4801	Address on File	X	Yes	Undetermined
133	PATIENT ID #: 4827	Address on File	X	Yes	Undetermined
134	PATIENT ID #: 4849	Address on File	X	Yes	Undetermined
135	PATIENT ID #: 4880	Address on File	X	Yes	Undetermined
136	PATIENT ID #: 4881	Address on File	X	Yes	Undetermined
137	PATIENT ID #: 4988	Address on File	X	Yes	Undetermined
138	PATIENT ID #: 5122	Address on File	X	Yes	Undetermined
139	PATIENT ID #: 5144	Address on File	X	Yes	Undetermined
140	PATIENT ID #: 5157	Address on File	X	Yes	Undetermined
141	PATIENT ID #: 5170	Address on File	X	Yes	Undetermined
142	PATIENT ID #: 5179	Address on File	X	Yes	Undetermined
143	PATIENT ID #: 5220	Address on File	X	Yes	Undetermined
144	PATIENT ID #: 5247	Address on File	X	Yes	Undetermined
145	PATIENT ID #: 5271	Address on File	X	Yes	Undetermined
146	PATIENT ID #: 5274	Address on File	X	Yes	Undetermined
147	PATIENT ID #: 5275	Address on File	X	Yes	Undetermined
148	PATIENT ID #: 5315	Address on File	X	Yes	Undetermined
149	PATIENT ID #: 5347	Address on File	X	Yes	Undetermined
150	PATIENT ID #: 5398	Address on File	X	Yes	Undetermined

Attachment 1
Schedule F Part 2, No. 3
Non-Priority Unsecured Claims
Patient Refunds

Item No.	DRC Patient ID #	Address, City, State, Zip	Disputed	Subject to Setoff	Claim Amount
151	PATIENT ID #: 5440	Address on File	X	Yes	Undetermined
152	PATIENT ID #: 5455	Address on File	X	Yes	Undetermined
153	PATIENT ID #: 5487	Address on File	X	Yes	Undetermined
154	PATIENT ID #: 5672	Address on File	X	Yes	Undetermined
155	PATIENT ID #: 5729	Address on File	X	Yes	Undetermined
156	PATIENT ID #: 5758	Address on File	X	Yes	Undetermined
157	PATIENT ID #: 5781	Address on File	X	Yes	Undetermined
158	PATIENT ID #: 5791	Address on File	X	Yes	Undetermined
159	PATIENT ID #: 5898	Address on File	X	Yes	Undetermined
160	PATIENT ID #: 5980	Address on File	X	Yes	Undetermined
161	PATIENT ID #: 5982	Address on File	X	Yes	Undetermined
162	PATIENT ID #: 5998	Address on File	X	Yes	Undetermined
163	PATIENT ID #: 6018	Address on File	X	Yes	Undetermined
164	PATIENT ID #: 6049	Address on File	X	Yes	Undetermined
165	PATIENT ID #: 6093	Address on File	X	Yes	Undetermined
166	PATIENT ID #: 6101	Address on File	X	Yes	Undetermined
167	PATIENT ID #: 6128	Address on File	X	Yes	Undetermined
168	PATIENT ID #: 6139	Address on File	X	Yes	Undetermined
169	PATIENT ID #: 6140	Address on File	X	Yes	Undetermined
170	PATIENT ID #: 6157	Address on File	X	Yes	Undetermined
171	PATIENT ID #: 6160	Address on File	X	Yes	Undetermined
172	PATIENT ID #: 6173	Address on File	X	Yes	Undetermined
173	PATIENT ID #: 6194	Address on File	X	Yes	Undetermined
174	PATIENT ID #: 6204	Address on File	X	Yes	Undetermined
175	PATIENT ID #: 6236	Address on File	X	Yes	Undetermined
176	PATIENT ID #: 6276	Address on File	X	Yes	Undetermined
177	PATIENT ID #: 6282	Address on File	X	Yes	Undetermined
178	PATIENT ID #: 6286	Address on File	X	Yes	Undetermined
179	PATIENT ID #: 6330	Address on File	X	Yes	Undetermined
180	PATIENT ID #: 6358	Address on File	X	Yes	Undetermined
181	PATIENT ID #: 6374	Address on File	X	Yes	Undetermined
182	PATIENT ID #: 6388	Address on File	X	Yes	Undetermined
183	PATIENT ID #: 6433	Address on File	X	Yes	Undetermined
184	PATIENT ID #: 6436	Address on File	X	Yes	Undetermined
185	PATIENT ID #: 6462	Address on File	X	Yes	Undetermined
186	PATIENT ID #: 6468	Address on File	X	Yes	Undetermined
187	PATIENT ID #: 6478	Address on File	X	Yes	Undetermined
188	PATIENT ID #: 6486	Address on File	X	Yes	Undetermined
189	PATIENT ID #: 6536	Address on File	X	Yes	Undetermined
190	PATIENT ID #: 6572	Address on File	X	Yes	Undetermined
191	PATIENT ID #: 6607	Address on File	X	Yes	Undetermined
192	PATIENT ID #: 6635	Address on File	X	Yes	Undetermined
193	PATIENT ID #: 6641	Address on File	X	Yes	Undetermined
194	PATIENT ID #: 6655	Address on File	X	Yes	Undetermined
195	PATIENT ID #: 6684	Address on File	X	Yes	Undetermined
196	PATIENT ID #: 6693	Address on File	X	Yes	Undetermined
197	PATIENT ID #: 6714	Address on File	X	Yes	Undetermined
198	PATIENT ID #: 6799	Address on File	X	Yes	Undetermined
199	PATIENT ID #: 6803	Address on File	X	Yes	Undetermined
200	PATIENT ID #: 6835	Address on File	X	Yes	Undetermined

Attachment 1
Schedule F Part 2, No. 3
Non-Priority Unsecured Claims
Patient Refunds

Item No.	DRC Patient ID #	Address, City, State, Zip	Disputed	Subject to Setoff	Claim Amount
201	PATIENT ID #: 6846	Address on File	X	Yes	Undetermined
202	PATIENT ID #: 6853	Address on File	X	Yes	Undetermined
203	PATIENT ID #: 6961	Address on File	X	Yes	Undetermined
204	PATIENT ID #: 6986	Address on File	X	Yes	Undetermined
205	PATIENT ID #: 6999	Address on File	X	Yes	Undetermined
206	PATIENT ID #: 7134	Address on File	X	Yes	Undetermined
207	PATIENT ID #: 7157	Address on File	X	Yes	Undetermined
208	PATIENT ID #: 7164	Address on File	X	Yes	Undetermined
209	PATIENT ID #: 7193	Address on File	X	Yes	Undetermined
210	PATIENT ID #: 7212	Address on File	X	Yes	Undetermined
211	PATIENT ID #: 7250	Address on File	X	Yes	Undetermined
212	PATIENT ID #: 7261	Address on File	X	Yes	Undetermined
213	PATIENT ID #: 7268	Address on File	X	Yes	Undetermined
214	PATIENT ID #: 7293	Address on File	X	Yes	Undetermined
215	PATIENT ID #: 7300	Address on File	X	Yes	Undetermined
216	PATIENT ID #: 7322	Address on File	X	Yes	Undetermined
217	PATIENT ID #: 7324	Address on File	X	Yes	Undetermined
218	PATIENT ID #: 7402	Address on File	X	Yes	Undetermined
219	PATIENT ID #: 7453	Address on File	X	Yes	Undetermined
220	PATIENT ID #: 7536	Address on File	X	Yes	Undetermined
221	PATIENT ID #: 7568	Address on File	X	Yes	Undetermined
222	PATIENT ID #: 7593	Address on File	X	Yes	Undetermined
223	PATIENT ID #: 7666	Address on File	X	Yes	Undetermined
224	PATIENT ID #: 7677	Address on File	X	Yes	Undetermined
225	PATIENT ID #: 7775	Address on File	X	Yes	Undetermined
226	PATIENT ID #: 7795	Address on File	X	Yes	Undetermined
227	PATIENT ID #: 7865	Address on File	X	Yes	Undetermined
228	PATIENT ID #: 7949	Address on File	X	Yes	Undetermined
229	PATIENT ID #: 7992	Address on File	X	Yes	Undetermined
230	PATIENT ID #: 8009	Address on File	X	Yes	Undetermined
231	PATIENT ID #: 8029	Address on File	X	Yes	Undetermined
232	PATIENT ID #: 8062	Address on File	X	Yes	Undetermined
233	PATIENT ID #: 8157	Address on File	X	Yes	Undetermined
234	PATIENT ID #: 8245	Address on File	X	Yes	Undetermined
235	PATIENT ID #: 8247	Address on File	X	Yes	Undetermined
236	PATIENT ID #: 8270	Address on File	X	Yes	Undetermined
237	PATIENT ID #: 8272	Address on File	X	Yes	Undetermined
238	PATIENT ID #: 8297	Address on File	X	Yes	Undetermined
239	PATIENT ID #: 8350	Address on File	X	Yes	Undetermined
240	PATIENT ID #: 8397	Address on File	X	Yes	Undetermined
241	PATIENT ID #: 8400	Address on File	X	Yes	Undetermined
242	PATIENT ID #: 8422	Address on File	X	Yes	Undetermined
243	PATIENT ID #: 8526	Address on File	X	Yes	Undetermined
244	PATIENT ID #: 8566	Address on File	X	Yes	Undetermined
245	PATIENT ID #: 8571	Address on File	X	Yes	Undetermined
246	PATIENT ID #: 8580	Address on File	X	Yes	Undetermined
247	PATIENT ID #: 8618	Address on File	X	Yes	Undetermined
248	PATIENT ID #: 8656	Address on File	X	Yes	Undetermined
249	PATIENT ID #: 8698	Address on File	X	Yes	Undetermined
250	PATIENT ID #: 8758	Address on File	X	Yes	Undetermined

Attachment 1
Schedule F Part 2, No. 3
Non-Priority Unsecured Claims
Patient Refunds

Item No.	DRC Patient ID #	Address, City, State, Zip	Disputed	Subject to Setoff	Claim Amount
251	PATIENT ID #: 8780	Address on File	X	Yes	Undetermined
252	PATIENT ID #: 8810	Address on File	X	Yes	Undetermined
253	PATIENT ID #: 8839	Address on File	X	Yes	Undetermined
254	PATIENT ID #: 8853	Address on File	X	Yes	Undetermined
255	PATIENT ID #: 8887	Address on File	X	Yes	Undetermined
256	PATIENT ID #: 8889	Address on File	X	Yes	Undetermined
257	PATIENT ID #: 8902	Address on File	X	Yes	Undetermined
258	PATIENT ID #: 8931	Address on File	X	Yes	Undetermined
259	PATIENT ID #: 8937	Address on File	X	Yes	Undetermined
260	PATIENT ID #: 9035	Address on File	X	Yes	Undetermined
261	PATIENT ID #: 9042	Address on File	X	Yes	Undetermined
262	PATIENT ID #: 9075	Address on File	X	Yes	Undetermined
263	PATIENT ID #: 9107	Address on File	X	Yes	Undetermined
264	PATIENT ID #: 9117	Address on File	X	Yes	Undetermined
265	PATIENT ID #: 9125	Address on File	X	Yes	Undetermined
266	PATIENT ID #: 9136	Address on File	X	Yes	Undetermined
267	PATIENT ID #: 9157	Address on File	X	Yes	Undetermined
268	PATIENT ID #: 9176	Address on File	X	Yes	Undetermined
269	PATIENT ID #: 9190	Address on File	X	Yes	Undetermined
270	PATIENT ID #: 9220	Address on File	X	Yes	Undetermined
271	PATIENT ID #: 9243	Address on File	X	Yes	Undetermined
272	PATIENT ID #: 9273	Address on File	X	Yes	Undetermined
273	PATIENT ID #: 9277	Address on File	X	Yes	Undetermined
274	PATIENT ID #: 9307	Address on File	X	Yes	Undetermined
275	PATIENT ID #: 9362	Address on File	X	Yes	Undetermined
276	PATIENT ID #: 9365	Address on File	X	Yes	Undetermined
277	PATIENT ID #: 9415	Address on File	X	Yes	Undetermined
278	PATIENT ID #: 9611	Address on File	X	Yes	Undetermined
279	PATIENT ID #: 9634	Address on File	X	Yes	Undetermined
280	PATIENT ID #: 9694	Address on File	X	Yes	Undetermined
281	PATIENT ID #: 9723	Address on File	X	Yes	Undetermined
282	PATIENT ID #: 9759	Address on File	X	Yes	Undetermined
283	PATIENT ID #: 9761	Address on File	X	Yes	Undetermined
284	PATIENT ID #: 9790	Address on File	X	Yes	Undetermined
285	PATIENT ID #: 9845	Address on File	X	Yes	Undetermined
286	PATIENT ID #: 9956	Address on File	X	Yes	Undetermined
287	PATIENT ID #: 9964	Address on File	X	Yes	Undetermined
288	PATIENT ID #: 10002	Address on File	X	Yes	Undetermined
289	PATIENT ID #: 10004	Address on File	X	Yes	Undetermined
290	PATIENT ID #: 10120	Address on File	X	Yes	Undetermined
291	PATIENT ID #: 10127	Address on File	X	Yes	Undetermined
292	PATIENT ID #: 10208	Address on File	X	Yes	Undetermined
293	PATIENT ID #: 10251	Address on File	X	Yes	Undetermined
294	PATIENT ID #: 10356	Address on File	X	Yes	Undetermined
295	PATIENT ID #: 10370	Address on File	X	Yes	Undetermined
296	PATIENT ID #: 10421	Address on File	X	Yes	Undetermined
297	PATIENT ID #: 10432	Address on File	X	Yes	Undetermined
298	PATIENT ID #: 10439	Address on File	X	Yes	Undetermined
299	PATIENT ID #: 10449	Address on File	X	Yes	Undetermined
300	PATIENT ID #: 10456	Address on File	X	Yes	Undetermined

Attachment 1
Schedule F Part 2, No. 3
Non-Priority Unsecured Claims
Patient Refunds

Item No.	DRC Patient ID #	Address, City, State, Zip	Disputed	Subject to Setoff	Claim Amount
301	PATIENT ID #: 10489	Address on File	X	Yes	Undetermined
302	PATIENT ID #: 10514	Address on File	X	Yes	Undetermined
303	PATIENT ID #: 10607	Address on File	X	Yes	Undetermined
304	PATIENT ID #: 10659	Address on File	X	Yes	Undetermined
305	PATIENT ID #: 10672	Address on File	X	Yes	Undetermined
306	PATIENT ID #: 10714	Address on File	X	Yes	Undetermined
307	PATIENT ID #: 10723	Address on File	X	Yes	Undetermined
308	PATIENT ID #: 10853	Address on File	X	Yes	Undetermined
309	PATIENT ID #: 10886	Address on File	X	Yes	Undetermined
310	PATIENT ID #: 10951	Address on File	X	Yes	Undetermined
311	PATIENT ID #: 10963	Address on File	X	Yes	Undetermined
312	PATIENT ID #: 11017	Address on File	X	Yes	Undetermined
313	PATIENT ID #: 11186	Address on File	X	Yes	Undetermined
314	PATIENT ID #: 11197	Address on File	X	Yes	Undetermined
315	PATIENT ID #: 11225	Address on File	X	Yes	Undetermined
316	PATIENT ID #: 11263	Address on File	X	Yes	Undetermined
317	PATIENT ID #: 11264	Address on File	X	Yes	Undetermined
318	PATIENT ID #: 11301	Address on File	X	Yes	Undetermined
319	PATIENT ID #: 11319	Address on File	X	Yes	Undetermined
320	PATIENT ID #: 11349	Address on File	X	Yes	Undetermined
321	PATIENT ID #: 11404	Address on File	X	Yes	Undetermined
322	PATIENT ID #: 11412	Address on File	X	Yes	Undetermined
323	PATIENT ID #: 11448	Address on File	X	Yes	Undetermined
324	PATIENT ID #: 11458	Address on File	X	Yes	Undetermined
325	PATIENT ID #: 11518	Address on File	X	Yes	Undetermined
326	PATIENT ID #: 11620	Address on File	X	Yes	Undetermined
327	PATIENT ID #: 11654	Address on File	X	Yes	Undetermined
328	PATIENT ID #: 11655	Address on File	X	Yes	Undetermined
329	PATIENT ID #: 11658	Address on File	X	Yes	Undetermined
330	PATIENT ID #: 11724	Address on File	X	Yes	Undetermined
331	PATIENT ID #: 11731	Address on File	X	Yes	Undetermined
332	PATIENT ID #: 11736	Address on File	X	Yes	Undetermined
333	PATIENT ID #: 11738	Address on File	X	Yes	Undetermined
334	PATIENT ID #: 11769	Address on File	X	Yes	Undetermined
335	PATIENT ID #: 11804	Address on File	X	Yes	Undetermined
336	PATIENT ID #: 11806	Address on File	X	Yes	Undetermined
337	PATIENT ID #: 11819	Address on File	X	Yes	Undetermined
338	PATIENT ID #: 11877	Address on File	X	Yes	Undetermined
339	PATIENT ID #: 11906	Address on File	X	Yes	Undetermined
340	PATIENT ID #: 11913	Address on File	X	Yes	Undetermined
341	PATIENT ID #: 12062	Address on File	X	Yes	Undetermined
342	PATIENT ID #: 12109	Address on File	X	Yes	Undetermined
343	PATIENT ID #: 12209	Address on File	X	Yes	Undetermined
344	PATIENT ID #: 12251	Address on File	X	Yes	Undetermined
345	PATIENT ID #: 12307	Address on File	X	Yes	Undetermined
346	PATIENT ID #: 12333	Address on File	X	Yes	Undetermined
347	PATIENT ID #: 12337	Address on File	X	Yes	Undetermined
348	PATIENT ID #: 12369	Address on File	X	Yes	Undetermined
349	PATIENT ID #: 12371	Address on File	X	Yes	Undetermined
350	PATIENT ID #: 12400	Address on File	X	Yes	Undetermined

Attachment 1
Schedule F Part 2, No. 3
Non-Priority Unsecured Claims
Patient Refunds

Item No.	DRC Patient ID #	Address, City, State, Zip	Disputed	Subject to Setoff	Claim Amount
351	PATIENT ID #: 12411	Address on File	X	Yes	Undetermined
352	PATIENT ID #: 12420	Address on File	X	Yes	Undetermined
353	PATIENT ID #: 12436	Address on File	X	Yes	Undetermined
354	PATIENT ID #: 12449	Address on File	X	Yes	Undetermined
355	PATIENT ID #: 12496	Address on File	X	Yes	Undetermined
356	PATIENT ID #: 12545	Address on File	X	Yes	Undetermined
357	PATIENT ID #: 12736	Address on File	X	Yes	Undetermined
358	PATIENT ID #: 12768	Address on File	X	Yes	Undetermined
359	PATIENT ID #: 12816	Address on File	X	Yes	Undetermined
360	PATIENT ID #: 12818	Address on File	X	Yes	Undetermined
361	PATIENT ID #: 12830	Address on File	X	Yes	Undetermined
362	PATIENT ID #: 12847	Address on File	X	Yes	Undetermined
363	PATIENT ID #: 12893	Address on File	X	Yes	Undetermined
364	PATIENT ID #: 12930	Address on File	X	Yes	Undetermined
365	PATIENT ID #: 12983	Address on File	X	Yes	Undetermined
366	PATIENT ID #: 12991	Address on File	X	Yes	Undetermined
367	PATIENT ID #: 13018	Address on File	X	Yes	Undetermined
368	PATIENT ID #: 13021	Address on File	X	Yes	Undetermined
369	PATIENT ID #: 13068	Address on File	X	Yes	Undetermined
370	PATIENT ID #: 13131	Address on File	X	Yes	Undetermined
371	PATIENT ID #: 13161	Address on File	X	Yes	Undetermined
372	PATIENT ID #: 13240	Address on File	X	Yes	Undetermined
373	PATIENT ID #: 13285	Address on File	X	Yes	Undetermined
374	PATIENT ID #: 13299	Address on File	X	Yes	Undetermined
375	PATIENT ID #: 13303	Address on File	X	Yes	Undetermined
376	PATIENT ID #: 13357	Address on File	X	Yes	Undetermined
377	PATIENT ID #: 13393	Address on File	X	Yes	Undetermined
378	PATIENT ID #: 13408	Address on File	X	Yes	Undetermined
379	PATIENT ID #: 13437	Address on File	X	Yes	Undetermined
380	PATIENT ID #: 13439	Address on File	X	Yes	Undetermined
381	PATIENT ID #: 13474	Address on File	X	Yes	Undetermined
382	PATIENT ID #: 13481	Address on File	X	Yes	Undetermined
383	PATIENT ID #: 13508	Address on File	X	Yes	Undetermined
384	PATIENT ID #: 13576	Address on File	X	Yes	Undetermined
385	PATIENT ID #: 13612	Address on File	X	Yes	Undetermined
386	PATIENT ID #: 13636	Address on File	X	Yes	Undetermined
387	PATIENT ID #: 13640	Address on File	X	Yes	Undetermined
388	PATIENT ID #: 13642	Address on File	X	Yes	Undetermined
389	PATIENT ID #: 13713	Address on File	X	Yes	Undetermined
390	PATIENT ID #: 13779	Address on File	X	Yes	Undetermined
391	PATIENT ID #: 13900	Address on File	X	Yes	Undetermined
392	PATIENT ID #: 13907	Address on File	X	Yes	Undetermined
393	PATIENT ID #: 13921	Address on File	X	Yes	Undetermined
394	PATIENT ID #: 13973	Address on File	X	Yes	Undetermined
395	PATIENT ID #: 13985	Address on File	X	Yes	Undetermined
396	PATIENT ID #: 14003	Address on File	X	Yes	Undetermined
397	PATIENT ID #: 14044	Address on File	X	Yes	Undetermined
398	PATIENT ID #: 14058	Address on File	X	Yes	Undetermined
399	PATIENT ID #: 14061	Address on File	X	Yes	Undetermined
400	PATIENT ID #: 14137	Address on File	X	Yes	Undetermined

Attachment 1
Schedule F Part 2, No. 3
Non-Priority Unsecured Claims
Patient Refunds

Item No.	DRC Patient ID #	Address, City, State, Zip	Disputed	Subject to Setoff	Claim Amount
401	PATIENT ID #: 14151	Address on File	X	Yes	Undetermined
402	PATIENT ID #: 14233	Address on File	X	Yes	Undetermined
403	PATIENT ID #: 14237	Address on File	X	Yes	Undetermined
404	PATIENT ID #: 14316	Address on File	X	Yes	Undetermined
405	PATIENT ID #: 14378	Address on File	X	Yes	Undetermined
406	PATIENT ID #: 14391	Address on File	X	Yes	Undetermined
407	PATIENT ID #: 14436	Address on File	X	Yes	Undetermined
408	PATIENT ID #: 14447	Address on File	X	Yes	Undetermined
409	PATIENT ID #: 14471	Address on File	X	Yes	Undetermined
410	PATIENT ID #: 14473	Address on File	X	Yes	Undetermined
411	PATIENT ID #: 14480	Address on File	X	Yes	Undetermined
412	PATIENT ID #: 14481	Address on File	X	Yes	Undetermined
413	PATIENT ID #: 14516	Address on File	X	Yes	Undetermined
414	PATIENT ID #: 14552	Address on File	X	Yes	Undetermined
415	PATIENT ID #: 14590	Address on File	X	Yes	Undetermined
416	PATIENT ID #: 14602	Address on File	X	Yes	Undetermined
417	PATIENT ID #: 14618	Address on File	X	Yes	Undetermined
418	PATIENT ID #: 14653	Address on File	X	Yes	Undetermined
419	PATIENT ID #: 14656	Address on File	X	Yes	Undetermined
420	PATIENT ID #: 14692	Address on File	X	Yes	Undetermined
421	PATIENT ID #: 14720	Address on File	X	Yes	Undetermined
422	PATIENT ID #: 14747	Address on File	X	Yes	Undetermined
423	PATIENT ID #: 14759	Address on File	X	Yes	Undetermined
424	PATIENT ID #: 14776	Address on File	X	Yes	Undetermined
425	PATIENT ID #: 14789	Address on File	X	Yes	Undetermined
426	PATIENT ID #: 14807	Address on File	X	Yes	Undetermined
427	PATIENT ID #: 14864	Address on File	X	Yes	Undetermined
428	PATIENT ID #: 14898	Address on File	X	Yes	Undetermined
429	PATIENT ID #: 14920	Address on File	X	Yes	Undetermined
430	PATIENT ID #: 14948	Address on File	X	Yes	Undetermined
431	PATIENT ID #: 15003	Address on File	X	Yes	Undetermined
432	PATIENT ID #: 15062	Address on File	X	Yes	Undetermined
433	PATIENT ID #: 15079	Address on File	X	Yes	Undetermined
434	PATIENT ID #: 15083	Address on File	X	Yes	Undetermined
435	PATIENT ID #: 15092	Address on File	X	Yes	Undetermined
436	PATIENT ID #: 15093	Address on File	X	Yes	Undetermined
437	PATIENT ID #: 15104	Address on File	X	Yes	Undetermined
438	PATIENT ID #: 15171	Address on File	X	Yes	Undetermined
439	PATIENT ID #: 15196	Address on File	X	Yes	Undetermined
440	PATIENT ID #: 15208	Address on File	X	Yes	Undetermined
441	PATIENT ID #: 15215	Address on File	X	Yes	Undetermined
442	PATIENT ID #: 15225	Address on File	X	Yes	Undetermined
443	PATIENT ID #: 15235	Address on File	X	Yes	Undetermined
444	PATIENT ID #: 15299	Address on File	X	Yes	Undetermined
445	PATIENT ID #: 15304	Address on File	X	Yes	Undetermined
446	PATIENT ID #: 15367	Address on File	X	Yes	Undetermined
447	PATIENT ID #: 15384	Address on File	X	Yes	Undetermined
448	PATIENT ID #: 15403	Address on File	X	Yes	Undetermined
449	PATIENT ID #: 15446	Address on File	X	Yes	Undetermined
450	PATIENT ID #: 15506	Address on File	X	Yes	Undetermined

Attachment 1
Schedule F Part 2, No. 3
Non-Priority Unsecured Claims
Patient Refunds

Item No.	DRC Patient ID #	Address, City, State, Zip	Disputed	Subject to Setoff	Claim Amount
451	PATIENT ID #: 15518	Address on File	X	Yes	Undetermined
452	PATIENT ID #: 15529	Address on File	X	Yes	Undetermined
453	PATIENT ID #: 15548	Address on File	X	Yes	Undetermined
454	PATIENT ID #: 15621	Address on File	X	Yes	Undetermined
455	PATIENT ID #: 15644	Address on File	X	Yes	Undetermined
456	PATIENT ID #: 15651	Address on File	X	Yes	Undetermined
457	PATIENT ID #: 15710	Address on File	X	Yes	Undetermined
458	PATIENT ID #: 15711	Address on File	X	Yes	Undetermined
459	PATIENT ID #: 15782	Address on File	X	Yes	Undetermined
460	PATIENT ID #: 15814	Address on File	X	Yes	Undetermined
461	PATIENT ID #: 15839	Address on File	X	Yes	Undetermined
462	PATIENT ID #: 15895	Address on File	X	Yes	Undetermined
463	PATIENT ID #: 15964	Address on File	X	Yes	Undetermined
464	PATIENT ID #: 16035	Address on File	X	Yes	Undetermined
465	PATIENT ID #: 16087	Address on File	X	Yes	Undetermined
466	PATIENT ID #: 16146	Address on File	X	Yes	Undetermined
467	PATIENT ID #: 16165	Address on File	X	Yes	Undetermined
468	PATIENT ID #: 16177	Address on File	X	Yes	Undetermined
469	PATIENT ID #: 16192	Address on File	X	Yes	Undetermined
470	PATIENT ID #: 16223	Address on File	X	Yes	Undetermined
471	PATIENT ID #: 16262	Address on File	X	Yes	Undetermined
472	PATIENT ID #: 16273	Address on File	X	Yes	Undetermined
473	PATIENT ID #: 16286	Address on File	X	Yes	Undetermined
474	PATIENT ID #: 16383	Address on File	X	Yes	Undetermined
475	PATIENT ID #: 16388	Address on File	X	Yes	Undetermined
476	PATIENT ID #: 16473	Address on File	X	Yes	Undetermined
477	PATIENT ID #: 16530	Address on File	X	Yes	Undetermined
478	PATIENT ID #: 16550	Address on File	X	Yes	Undetermined
479	PATIENT ID #: 16556	Address on File	X	Yes	Undetermined
480	PATIENT ID #: 16636	Address on File	X	Yes	Undetermined
481	PATIENT ID #: 16647	Address on File	X	Yes	Undetermined
482	PATIENT ID #: 16655	Address on File	X	Yes	Undetermined
483	PATIENT ID #: 16669	Address on File	X	Yes	Undetermined
484	PATIENT ID #: 16674	Address on File	X	Yes	Undetermined
485	PATIENT ID #: 16693	Address on File	X	Yes	Undetermined
486	PATIENT ID #: 16696	Address on File	X	Yes	Undetermined
487	PATIENT ID #: 16729	Address on File	X	Yes	Undetermined
488	PATIENT ID #: 16789	Address on File	X	Yes	Undetermined
489	PATIENT ID #: 16793	Address on File	X	Yes	Undetermined
490	PATIENT ID #: 16844	Address on File	X	Yes	Undetermined
491	PATIENT ID #: 16845	Address on File	X	Yes	Undetermined
492	PATIENT ID #: 16848	Address on File	X	Yes	Undetermined
493	PATIENT ID #: 16874	Address on File	X	Yes	Undetermined
494	PATIENT ID #: 16909	Address on File	X	Yes	Undetermined
495	PATIENT ID #: 16927	Address on File	X	Yes	Undetermined
496	PATIENT ID #: 16939	Address on File	X	Yes	Undetermined
497	PATIENT ID #: 16980	Address on File	X	Yes	Undetermined
498	PATIENT ID #: 16988	Address on File	X	Yes	Undetermined
499	PATIENT ID #: 16997	Address on File	X	Yes	Undetermined
500	PATIENT ID #: 17015	Address on File	X	Yes	Undetermined

Attachment 1
Schedule F Part 2, No. 3
Non-Priority Unsecured Claims
Patient Refunds

Item No.	DRC Patient ID #	Address, City, State, Zip	Disputed	Subject to Setoff	Claim Amount
501	PATIENT ID #: 17082	Address on File	X	Yes	Undetermined
502	PATIENT ID #: 17110	Address on File	X	Yes	Undetermined
503	PATIENT ID #: 17140	Address on File	X	Yes	Undetermined
504	PATIENT ID #: 17214	Address on File	X	Yes	Undetermined
505	PATIENT ID #: 17216	Address on File	X	Yes	Undetermined
506	PATIENT ID #: 17219	Address on File	X	Yes	Undetermined
507	PATIENT ID #: 17309	Address on File	X	Yes	Undetermined
508	PATIENT ID #: 17312	Address on File	X	Yes	Undetermined
509	PATIENT ID #: 17313	Address on File	X	Yes	Undetermined
510	PATIENT ID #: 17316	Address on File	X	Yes	Undetermined
511	PATIENT ID #: 17329	Address on File	X	Yes	Undetermined
512	PATIENT ID #: 17426	Address on File	X	Yes	Undetermined
513	PATIENT ID #: 17427	Address on File	X	Yes	Undetermined
514	PATIENT ID #: 17429	Address on File	X	Yes	Undetermined
515	PATIENT ID #: 17488	Address on File	X	Yes	Undetermined
516	PATIENT ID #: 17560	Address on File	X	Yes	Undetermined
517	PATIENT ID #: 17566	Address on File	X	Yes	Undetermined
518	PATIENT ID #: 17571	Address on File	X	Yes	Undetermined
519	PATIENT ID #: 17582	Address on File	X	Yes	Undetermined
520	PATIENT ID #: 17611	Address on File	X	Yes	Undetermined
521	PATIENT ID #: 17663	Address on File	X	Yes	Undetermined
522	PATIENT ID #: 17682	Address on File	X	Yes	Undetermined
523	PATIENT ID #: 17710	Address on File	X	Yes	Undetermined
524	PATIENT ID #: 17826	Address on File	X	Yes	Undetermined
525	PATIENT ID #: 17923	Address on File	X	Yes	Undetermined
526	PATIENT ID #: 17965	Address on File	X	Yes	Undetermined
527	PATIENT ID #: 17971	Address on File	X	Yes	Undetermined
528	PATIENT ID #: 18000	Address on File	X	Yes	Undetermined
529	PATIENT ID #: 18086	Address on File	X	Yes	Undetermined
530	PATIENT ID #: 18089	Address on File	X	Yes	Undetermined
531	PATIENT ID #: 18116	Address on File	X	Yes	Undetermined
532	PATIENT ID #: 18136	Address on File	X	Yes	Undetermined
533	PATIENT ID #: 18160	Address on File	X	Yes	Undetermined
534	PATIENT ID #: 18169	Address on File	X	Yes	Undetermined
535	PATIENT ID #: 18226	Address on File	X	Yes	Undetermined
536	PATIENT ID #: 18281	Address on File	X	Yes	Undetermined
537	PATIENT ID #: 18307	Address on File	X	Yes	Undetermined
538	PATIENT ID #: 18321	Address on File	X	Yes	Undetermined
539	PATIENT ID #: 18335	Address on File	X	Yes	Undetermined
540	PATIENT ID #: 18341	Address on File	X	Yes	Undetermined
541	PATIENT ID #: 18343	Address on File	X	Yes	Undetermined
542	PATIENT ID #: 18348	Address on File	X	Yes	Undetermined
543	PATIENT ID #: 18411	Address on File	X	Yes	Undetermined
544	PATIENT ID #: 18418	Address on File	X	Yes	Undetermined
545	PATIENT ID #: 18430	Address on File	X	Yes	Undetermined
546	PATIENT ID #: 18463	Address on File	X	Yes	Undetermined
547	PATIENT ID #: 18465	Address on File	X	Yes	Undetermined
548	PATIENT ID #: 18479	Address on File	X	Yes	Undetermined
549	PATIENT ID #: 18570	Address on File	X	Yes	Undetermined
550	PATIENT ID #: 18589	Address on File	X	Yes	Undetermined

Attachment 1
Schedule F Part 2, No. 3
Non-Priority Unsecured Claims
Patient Refunds

Item No.	DRC Patient ID #	Address, City, State, Zip	Disputed	Subject to Setoff	Claim Amount
551	PATIENT ID #: 18599	Address on File	X	Yes	Undetermined
552	PATIENT ID #: 18645	Address on File	X	Yes	Undetermined
553	PATIENT ID #: 18672	Address on File	X	Yes	Undetermined
554	PATIENT ID #: 18681	Address on File	X	Yes	Undetermined
555	PATIENT ID #: 18703	Address on File	X	Yes	Undetermined
556	PATIENT ID #: 18727	Address on File	X	Yes	Undetermined
557	PATIENT ID #: 18731	Address on File	X	Yes	Undetermined
558	PATIENT ID #: 18739	Address on File	X	Yes	Undetermined
559	PATIENT ID #: 18817	Address on File	X	Yes	Undetermined
560	PATIENT ID #: 18912	Address on File	X	Yes	Undetermined
561	PATIENT ID #: 18921	Address on File	X	Yes	Undetermined
562	PATIENT ID #: 18945	Address on File	X	Yes	Undetermined
563	PATIENT ID #: 18954	Address on File	X	Yes	Undetermined
564	PATIENT ID #: 18957	Address on File	X	Yes	Undetermined
565	PATIENT ID #: 18997	Address on File	X	Yes	Undetermined
566	PATIENT ID #: 19041	Address on File	X	Yes	Undetermined
567	PATIENT ID #: 19069	Address on File	X	Yes	Undetermined
568	PATIENT ID #: 19094	Address on File	X	Yes	Undetermined
569	PATIENT ID #: 19098	Address on File	X	Yes	Undetermined
570	PATIENT ID #: 19146	Address on File	X	Yes	Undetermined
571	PATIENT ID #: 19232	Address on File	X	Yes	Undetermined
572	PATIENT ID #: 19263	Address on File	X	Yes	Undetermined
573	PATIENT ID #: 19267	Address on File	X	Yes	Undetermined
574	PATIENT ID #: 19289	Address on File	X	Yes	Undetermined
575	PATIENT ID #: 19338	Address on File	X	Yes	Undetermined
576	PATIENT ID #: 19357	Address on File	X	Yes	Undetermined
577	PATIENT ID #: 19369	Address on File	X	Yes	Undetermined
578	PATIENT ID #: 19391	Address on File	X	Yes	Undetermined
579	PATIENT ID #: 19437	Address on File	X	Yes	Undetermined
580	PATIENT ID #: 19456	Address on File	X	Yes	Undetermined
581	PATIENT ID #: 19473	Address on File	X	Yes	Undetermined
582	PATIENT ID #: 19480	Address on File	X	Yes	Undetermined
583	PATIENT ID #: 19550	Address on File	X	Yes	Undetermined
584	PATIENT ID #: 19545	Address on File	X	Yes	Undetermined
585	PATIENT ID #: 19595	Address on File	X	Yes	Undetermined
586	PATIENT ID #: 19603	Address on File	X	Yes	Undetermined
587	PATIENT ID #: 19639	Address on File	X	Yes	Undetermined
588	PATIENT ID #: 19644	Address on File	X	Yes	Undetermined
589	PATIENT ID #: 19710	Address on File	X	Yes	Undetermined
590	PATIENT ID #: 19738	Address on File	X	Yes	Undetermined
591	PATIENT ID #: 19858	Address on File	X	Yes	Undetermined
592	PATIENT ID #: 19884	Address on File	X	Yes	Undetermined
593	PATIENT ID #: 19904	Address on File	X	Yes	Undetermined
594	PATIENT ID #: 19940	Address on File	X	Yes	Undetermined
595	PATIENT ID #: 19974	Address on File	X	Yes	Undetermined
596	PATIENT ID #: 19996	Address on File	X	Yes	Undetermined
597	PATIENT ID #: 20034	Address on File	X	Yes	Undetermined
598	PATIENT ID #: 20057	Address on File	X	Yes	Undetermined
599	PATIENT ID #: 20131	Address on File	X	Yes	Undetermined
600	PATIENT ID #: 20134	Address on File	X	Yes	Undetermined

Attachment 1
Schedule F Part 2, No. 3
Non-Priority Unsecured Claims
Patient Refunds

Item No.	DRC Patient ID #	Address, City, State, Zip	Disputed	Subject to Setoff	Claim Amount
601	PATIENT ID #: 20170	Address on File	X	Yes	Undetermined
602	PATIENT ID #: 20196	Address on File	X	Yes	Undetermined
603	PATIENT ID #: 20219	Address on File	X	Yes	Undetermined
604	PATIENT ID #: 20225	Address on File	X	Yes	Undetermined
605	PATIENT ID #: 20242	Address on File	X	Yes	Undetermined
606	PATIENT ID #: 20251	Address on File	X	Yes	Undetermined
607	PATIENT ID #: 20291	Address on File	X	Yes	Undetermined
608	PATIENT ID #: 20355	Address on File	X	Yes	Undetermined
609	PATIENT ID #: 20357	Address on File	X	Yes	Undetermined
610	PATIENT ID #: 20497	Address on File	X	Yes	Undetermined
611	PATIENT ID #: 20539	Address on File	X	Yes	Undetermined
612	PATIENT ID #: 20563	Address on File	X	Yes	Undetermined
613	PATIENT ID #: 20579	Address on File	X	Yes	Undetermined
614	PATIENT ID #: 20602	Address on File	X	Yes	Undetermined
615	PATIENT ID #: 20612	Address on File	X	Yes	Undetermined
616	PATIENT ID #: 20623	Address on File	X	Yes	Undetermined
617	PATIENT ID #: 20625	Address on File	X	Yes	Undetermined
618	PATIENT ID #: 20630	Address on File	X	Yes	Undetermined
619	PATIENT ID #: 20708	Address on File	X	Yes	Undetermined
620	PATIENT ID #: 20773	Address on File	X	Yes	Undetermined
621	PATIENT ID #: 20816	Address on File	X	Yes	Undetermined
622	PATIENT ID #: 20817	Address on File	X	Yes	Undetermined
623	PATIENT ID #: 20819	Address on File	X	Yes	Undetermined
624	PATIENT ID #: 20838	Address on File	X	Yes	Undetermined
625	PATIENT ID #: 20860	Address on File	X	Yes	Undetermined
626	PATIENT ID #: 20924	Address on File	X	Yes	Undetermined
627	PATIENT ID #: 20957	Address on File	X	Yes	Undetermined
628	PATIENT ID #: 21011	Address on File	X	Yes	Undetermined
629	PATIENT ID #: 21074	Address on File	X	Yes	Undetermined
630	PATIENT ID #: 21094	Address on File	X	Yes	Undetermined
631	PATIENT ID #: 21096	Address on File	X	Yes	Undetermined
632	PATIENT ID #: 21191	Address on File	X	Yes	Undetermined
633	PATIENT ID #: 21202	Address on File	X	Yes	Undetermined
634	PATIENT ID #: 21221	Address on File	X	Yes	Undetermined
635	PATIENT ID #: 21234	Address on File	X	Yes	Undetermined
636	PATIENT ID #: 21257	Address on File	X	Yes	Undetermined
637	PATIENT ID #: 21379	Address on File	X	Yes	Undetermined
638	PATIENT ID #: 21393	Address on File	X	Yes	Undetermined
639	PATIENT ID #: 21410	Address on File	X	Yes	Undetermined
640	PATIENT ID #: 21431	Address on File	X	Yes	Undetermined
641	PATIENT ID #: 21442	Address on File	X	Yes	Undetermined
642	PATIENT ID #: 21472	Address on File	X	Yes	Undetermined
643	PATIENT ID #: 21527	Address on File	X	Yes	Undetermined
644	PATIENT ID #: 21565	Address on File	X	Yes	Undetermined
645	PATIENT ID #: 21590	Address on File	X	Yes	Undetermined
646	PATIENT ID #: 21613	Address on File	X	Yes	Undetermined
647	PATIENT ID #: 21648	Address on File	X	Yes	Undetermined
648	PATIENT ID #: 21669	Address on File	X	Yes	Undetermined
649	PATIENT ID #: 21676	Address on File	X	Yes	Undetermined
650	PATIENT ID #: 21771	Address on File	X	Yes	Undetermined

Attachment 1
Schedule F Part 2, No. 3
Non-Priority Unsecured Claims
Patient Refunds

Item No.	DRC Patient ID #	Address, City, State, Zip	Disputed	Subject to Setoff	Claim Amount
651	PATIENT ID #: 21792	Address on File	X	Yes	Undetermined
652	PATIENT ID #: 21828	Address on File	X	Yes	Undetermined
653	PATIENT ID #: 21874	Address on File	X	Yes	Undetermined
654	PATIENT ID #: 21924	Address on File	X	Yes	Undetermined
655	PATIENT ID #: 21971	Address on File	X	Yes	Undetermined
656	PATIENT ID #: 21987	Address on File	X	Yes	Undetermined
657	PATIENT ID #: 22060	Address on File	X	Yes	Undetermined
658	PATIENT ID #: 22093	Address on File	X	Yes	Undetermined
659	PATIENT ID #: 22156	Address on File	X	Yes	Undetermined
660	PATIENT ID #: 22182	Address on File	X	Yes	Undetermined
661	PATIENT ID #: 22186	Address on File	X	Yes	Undetermined
662	PATIENT ID #: 22213	Address on File	X	Yes	Undetermined
663	PATIENT ID #: 22215	Address on File	X	Yes	Undetermined
664	PATIENT ID #: 22230	Address on File	X	Yes	Undetermined
665	PATIENT ID #: 22252	Address on File	X	Yes	Undetermined
666	PATIENT ID #: 22296	Address on File	X	Yes	Undetermined
667	PATIENT ID #: 22326	Address on File	X	Yes	Undetermined
668	PATIENT ID #: 22350	Address on File	X	Yes	Undetermined
669	PATIENT ID #: 22380	Address on File	X	Yes	Undetermined
670	PATIENT ID #: 22416	Address on File	X	Yes	Undetermined
671	PATIENT ID #: 22455	Address on File	X	Yes	Undetermined
672	PATIENT ID #: 22471	Address on File	X	Yes	Undetermined
673	PATIENT ID #: 22480	Address on File	X	Yes	Undetermined
674	PATIENT ID #: 22491	Address on File	X	Yes	Undetermined
675	PATIENT ID #: 22525	Address on File	X	Yes	Undetermined
676	PATIENT ID #: 22536	Address on File	X	Yes	Undetermined
677	PATIENT ID #: 22622	Address on File	X	Yes	Undetermined
678	PATIENT ID #: 22662	Address on File	X	Yes	Undetermined
679	PATIENT ID #: 22686	Address on File	X	Yes	Undetermined
680	PATIENT ID #: 22768	Address on File	X	Yes	Undetermined
681	PATIENT ID #: 22884	Address on File	X	Yes	Undetermined
682	PATIENT ID #: 22961	Address on File	X	Yes	Undetermined
683	PATIENT ID #: 22989	Address on File	X	Yes	Undetermined
684	PATIENT ID #: 23009	Address on File	X	Yes	Undetermined
685	PATIENT ID #: 23035	Address on File	X	Yes	Undetermined
686	PATIENT ID #: 23053	Address on File	X	Yes	Undetermined
687	PATIENT ID #: 23101	Address on File	X	Yes	Undetermined
688	PATIENT ID #: 23104	Address on File	X	Yes	Undetermined
689	PATIENT ID #: 23187	Address on File	X	Yes	Undetermined
690	PATIENT ID #: 23198	Address on File	X	Yes	Undetermined
691	PATIENT ID #: 23208	Address on File	X	Yes	Undetermined
692	PATIENT ID #: 23215	Address on File	X	Yes	Undetermined
693	PATIENT ID #: 23247	Address on File	X	Yes	Undetermined
694	PATIENT ID #: 23386	Address on File	X	Yes	Undetermined
695	PATIENT ID #: 23399	Address on File	X	Yes	Undetermined
696	PATIENT ID #: 23490	Address on File	X	Yes	Undetermined
697	PATIENT ID #: 23501	Address on File	X	Yes	Undetermined
698	PATIENT ID #: 23532	Address on File	X	Yes	Undetermined
699	PATIENT ID #: 23545	Address on File	X	Yes	Undetermined
700	PATIENT ID #: 23557	Address on File	X	Yes	Undetermined

Attachment 1
Schedule F Part 2, No. 3
Non-Priority Unsecured Claims
Patient Refunds

Item No.	DRC Patient ID #	Address, City, State, Zip	Disputed	Subject to Setoff	Claim Amount
701	PATIENT ID #: 23566	Address on File	X	Yes	Undetermined
702	PATIENT ID #: 23577	Address on File	X	Yes	Undetermined
703	PATIENT ID #: 23598	Address on File	X	Yes	Undetermined
704	PATIENT ID #: 23652	Address on File	X	Yes	Undetermined
705	PATIENT ID #: 23684	Address on File	X	Yes	Undetermined
706	PATIENT ID #: 23716	Address on File	X	Yes	Undetermined
707	PATIENT ID #: 23809	Address on File	X	Yes	Undetermined
708	PATIENT ID #: 23889	Address on File	X	Yes	Undetermined
709	PATIENT ID #: 23892	Address on File	X	Yes	Undetermined
710	PATIENT ID #: 23920	Address on File	X	Yes	Undetermined
711	PATIENT ID #: 23962	Address on File	X	Yes	Undetermined
712	PATIENT ID #: 23973	Address on File	X	Yes	Undetermined
713	PATIENT ID #: 23977	Address on File	X	Yes	Undetermined
714	PATIENT ID #: 24025	Address on File	X	Yes	Undetermined
715	PATIENT ID #: 24030	Address on File	X	Yes	Undetermined
716	PATIENT ID #: 24082	Address on File	X	Yes	Undetermined
717	PATIENT ID #: 24087	Address on File	X	Yes	Undetermined
718	PATIENT ID #: 24095	Address on File	X	Yes	Undetermined
719	PATIENT ID #: 24140	Address on File	X	Yes	Undetermined
720	PATIENT ID #: 24146	Address on File	X	Yes	Undetermined
721	PATIENT ID #: 24156	Address on File	X	Yes	Undetermined
722	PATIENT ID #: 24189	Address on File	X	Yes	Undetermined
723	PATIENT ID #: 24317	Address on File	X	Yes	Undetermined
724	PATIENT ID #: 24356	Address on File	X	Yes	Undetermined
725	PATIENT ID #: 24381	Address on File	X	Yes	Undetermined
726	PATIENT ID #: 24429	Address on File	X	Yes	Undetermined
727	PATIENT ID #: 24452	Address on File	X	Yes	Undetermined
728	PATIENT ID #: 24535	Address on File	X	Yes	Undetermined
729	PATIENT ID #: 24609	Address on File	X	Yes	Undetermined
730	PATIENT ID #: 24626	Address on File	X	Yes	Undetermined
731	PATIENT ID #: 24711	Address on File	X	Yes	Undetermined
732	PATIENT ID #: 24784	Address on File	X	Yes	Undetermined
733	PATIENT ID #: 24802	Address on File	X	Yes	Undetermined
734	PATIENT ID #: 24807	Address on File	X	Yes	Undetermined
735	PATIENT ID #: 24834	Address on File	X	Yes	Undetermined
736	PATIENT ID #: 24839	Address on File	X	Yes	Undetermined
737	PATIENT ID #: 24843	Address on File	X	Yes	Undetermined
738	PATIENT ID #: 24861	Address on File	X	Yes	Undetermined
739	PATIENT ID #: 24921	Address on File	X	Yes	Undetermined
740	PATIENT ID #: 24970	Address on File	X	Yes	Undetermined
741	PATIENT ID #: 25002	Address on File	X	Yes	Undetermined
742	PATIENT ID #: 25060	Address on File	X	Yes	Undetermined
743	PATIENT ID #: 25125	Address on File	X	Yes	Undetermined
744	PATIENT ID #: 25189	Address on File	X	Yes	Undetermined
745	PATIENT ID #: 25197	Address on File	X	Yes	Undetermined
746	PATIENT ID #: 25218	Address on File	X	Yes	Undetermined
747	PATIENT ID #: 25273	Address on File	X	Yes	Undetermined
748	PATIENT ID #: 25274	Address on File	X	Yes	Undetermined
749	PATIENT ID #: 25275	Address on File	X	Yes	Undetermined
750	PATIENT ID #: 25315	Address on File	X	Yes	Undetermined

Fill in this information to identify the case:

Debtor name: Westlake Surgical, L.P. d/b/a The Hospital at Westlake Medical Center

United States Bankruptcy Court for the: Western District of Texas

Case number (if known): 23-10747

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☑ *Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- ☑ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☑ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☑ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☑ *Schedule H: Codebtors* (Official Form 206H)
- ☑ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended *Schedule* ____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/12/2023
MM/DD/YYYY

✘ _____
Signature of individual signing on behalf of debtor

Dr. Mark Shen
Printed name

Chief Executive Officer
Position or relationship to debtor